

Academic Transcript Request

To the Student:

Please mail this form to the high school from which you graduated or the college you have attended to request a transcript be sent to Riverland Community College. To request your Riverland college transcript, please click [here](#)

To the High School or College:

Please mail this student's transcript to:

Director of Admissions
Riverland Community College
1900 8th Ave NW
Austin, MN 55912

Student Name

Student Phone Number

Social Security Number

Date of Birth

Date Last Attended

Date of Graduation

Student's Signature

Date

*******Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form. You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.**

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