

STUDENT ID NUMBER							

TRANSCRIPT REQUEST

THERE IS NO CHARGE FOR TRANSCRIPTS



Campus Attended:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Owens Campus
21179 College Drive
Georgetown, DE 19947
FAX: 302-259-6780 | <input type="checkbox"/> Stanton Campus
400 Stanton-Christiana Road
Newark, DE 19713
FAX: 302-454-3184 | <input type="checkbox"/> Terry Campus
100 Campus Drive
Dover, DE 19904
FAX: 302-857-1089 | <input type="checkbox"/> George Campus
300 N. Orange Street
Wilmington, DE 19801
FAX: 302-571-5393 |
|---|---|---|---|

NO TRANSCRIPT WILL BE FURNISHED TO ANY STUDENT WHOSE FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE NOT BEEN MET.

Dates of Attendance

From: _____
 To: _____

Special Instructions

- Number of Transcripts: _____
- Hold for Current Grades for Term: _____
 - Hold For Posting of Degree
 - Hold For Change of Grade in Course:
 _____ for Term: _____
 - Hold, Will Pick Up. Indicate Phone
 Number: _____
 - Place in sealed envelope with statement:
 "Do not accept if seal is broken."

Today's Date _____
 Home Telephone Number _____
 Work Telephone Number _____

	First Name	Middle Name (Maiden Name)	Last Name
Student's Mailing Address			

If you were enrolled at the College under any other name or have had a name change, please indicate other name

- ▶ Transcripts will show all credit work completed.
- ▶ Transcripts are processed in 3 to 5 days.
During period of recording grades and other peak periods, additional time will be needed.
- ▶ Fill out one request form for each recipient.
- ▶ You are responsible for a correct and legible address.

<i>OFFICE USE ONLY</i>
DATE REQUEST RECEIVED
DATE MAILED

X

Student Signature

Send Transcript To:

Name, Title	
Institution	
Address	
City, St, Zip	