

ID/SOCIAL SECURITY NUMBER								

TRANSCRIPT REQUEST
THERE IS NO CHARGE FOR TRANSCRIPTS



Campus Attended:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Owens Campus
P.O. Box 610
Georgetown, DE 19947
FAX: 302-855-5961 | <input type="checkbox"/> Stanton Campus
400 Stanton-Christiana Rd.
Newark, DE 19713
FAX: 302-454-3184 | <input type="checkbox"/> Terry Campus
100 Campus Dr.
Dover, DE 19904
FAX: 302-857-1089 | <input type="checkbox"/> Wilmington Campus
333 Shipley St.
Wilmington, DE 19801
FAX: 302-571-5393 |
|--|--|---|--|

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

Dates of Attendance

From: _____
 To: _____

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

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."

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

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.

OFFICE USE ONLY
DATE REQUEST RECEIVED
DATE MAILED

X

Student Signature

Send Transcript To:

Name, Title	
Institution	
Address	
City, St, Zip	