

STUDENT'S SOCIAL SECURITY NUMBER									



TRANSCRIPT REQUEST

CAMPUS

OWENS CAMPUS
P.O. BOX 610
GEORGETOWN, DE 19947

STANTON CAMPUS
400 STANTON-CHRISTIANA ROAD
NEWARK, DE 19713

TERRY CAMPUS
100 CAMPUS DRIVE
DOVER, DE 19904

WILMINGTON CAMPUS
333 SHIPLEY STREET
WILMINGTON, DE 19801

THERE IS NO CHARGE FOR TRANSCRIPTS.

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

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 _____

Dates of Attendance:
From _____
To _____

SPECIAL INSTRUCTIONS:
 _____ **NUMBER OF TRANSCRIPTS DESIRED**
 HOLD FOR CURRENT GRADES FOR TERM: _____
 HOLD FOR POSTING OF DEGREE
 HOLD FOR CHANGE OF GRADE IN
 COURSE: _____ TERM: _____
 HOLD, WILL PICK UP. INDICATE DELAWARE PHONE
 NUMBER _____
 PLACE IN SPECIAL SEALED ENVELOPE WITH STATEMENT:
 DO NOT ACCEPT IF SEAL IS BROKEN

OFFICE USE ONLY	DATE MAILED
DATE REQUEST RECEIVED	

DELAWARE TECHNICAL & COMMUNITY COLLEGE

Requests for partial transcripts cannot be honored: transcripts will show all credit work completed.

Transcripts are normally mailed within one week. During the period of recording grades and other peak periods, additional time will be needed.

Fill out one request form for each recipient.

The information you supply below will be used in a window envelope.

You are responsible for a correct and legible address.

STUDENT SIGNATURE X _____

SEND TRANSCRIPT TO:

Name, Title	
Institution	
Address	
City, State, Zip	