

STUDENT ID NUMBER							

# TRANSCRIPT REQUEST

THERE IS NO CHARGE FOR TRANSCRIPTS



**Campus Attended:**

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