

STUDENT ID NUMBER							

TRANSCRIPT REQUEST

THERE IS NO CHARGE FOR TRANSCRIPTS



Campus Attended:

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Owens Campus
21179 College Dr.
Georgetown, DE 19947
Fax: 302-259-6757
Email: owens-registrar@dtcc.edu | <input type="checkbox"/> Stanton Campus
400 Stanton-Christiana Road
Newark, DE 19713
Fax: 302-454-3184
Email: stanton-registrar@dtcc.edu | <input type="checkbox"/> Terry Campus
100 Campus Drive
Dover, DE 19904
Fax: 302-857-1089
Email: terry-registrar@dtcc.edu | <input type="checkbox"/> George Campus
300 N. Orange Street
Wilmington, DE 19801
Fax: 302-571-5393
Email: george-registrar@dtcc.edu |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

Today's Date _____

Home Telephone Number _____

Work Telephone Number _____

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."

	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.

OFFICE USE ONLY
DATE REQUEST RECEIVED
DATE MAILED

X

Student Signature

Send Transcript To:

Name, Title	
Institution	
Address	
City, St, Zip	