



TRANSCRIPT REQUEST FORM

Mail or fax this form AND a copy of your driver's license to the admissions/registrar office of the DCCCD college you last attended. Please do not send this request to more than one school as all of your DCCCD coursework will appear on the DCCCD transcript that you are requesting.

Note: Student with blocks on their account will not receive a transcript until all blocks are cleared – See the next page for admission/registrar office contact information.

Name: _____	Maiden/former name: _____
Date of Birth: _____	Social Security or DCCCD Student ID: _____
Address: _____	City/State/Zip: _____
Phone Number: _____	E-Mail Address: _____

Transcripts are mailed to the addresses you provide below.

WHEN should we mail the transcript? (check one)

- send now
- hold for semester grades
- hold for degree posting

Note: There is no charge for the transcripts but there is a limit of 5 transcripts per address.

of copies: _____

Name: _____

Address: _____

City/State/Zip: _____

- Need separately sealed transcripts.
- Mail all transcripts together.

of copies: _____

Name: _____

Address: _____

City/State/Zip: _____

- Need separately sealed transcripts.
- Mail all transcripts together.

of copies: _____

Name: _____

Address: _____

City/State/Zip: _____

- Need separately sealed transcripts.
- Mail all transcripts together.

Your official transcript(s) should be sent within 2 business days. (Additional processing time may be required during final semester grade processing at the end of each semester or because of unforeseen system problems.) If you need to follow-up on your request, contact information can be found on the next page.

Student signature _____

Date: _____