

Transcript Request Form

Student's Current Information

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone: _____

Change my records to the above mailing address

Soc Sec # or Date of Birth: _____

Signature: _____

Daytime Phone Number: _____



Select one:

- Send transcript now
- Send after current semester grades are posted
- Send after degree is posted

Please Note:

- Transcripts are not issued until all accounts with the College are in good standing.
- Transcripts are processed within 10 days of receipt. *(delays may occur during registration and end of term)*

Send Transcript To:

Student's current information listed above or:

Name: _____

Address: _____

City, State, Zip: _____

Costs:

\$3.00 Per Transcript if Mailed

\$5.00 Per Transcript if Faxed

Payment method:

Check (payable to DCC) Check # _____

Visa Card # _____ Exp. Date _____ CV2 _____

Master Card Card # _____ Exp. Date _____ CV2 _____

American Express Card # _____ Exp. Date _____ CV2 _____

Card Holder's Signature _____

<p>OFFICE USE ONLY</p> <p>Date Sent: _____</p> <p>Sent By: _____</p>

Return to: Dawson Community College C/O Registrar's Office, Box 421, Glendive, MT 59330 or FAX (406) 377-8132

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