



UNOFFICIAL TRANSCRIPT REQUEST FORM

(Note: Requests are processed on a first come, first served basis.)

Name: _____ Name during attendance: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Email Address: _____

Birth Date: _____ SS# or Student ID#: _____

Year of Graduation or Dates of Attendance: _____

SIGNATURE: _____ (required)

Wait until current grades are posted

I will pick up the transcript

Send to: _____
Name

Address

City, State, Zip

Fax to: _____
Name _____ Fax Number _____

Email as pdf to: _____
Name: _____ Email address _____

Special Service Fee:

We mail for FREE via US Postal Service. If you want a special service such as overnight mail, you must include a current MasterCard or VISA # along with the expiration date below. Fees for overnight service are assessed by the overnight courier. NOTE: Overnight deliveries cannot be made to a PO Box; a street address must be provided.

Card #: _____ Exp. Date: _____

Send this completed form to:
Office of the Registrar
Dickinson College
P.O. Box 1773
Carlisle, PA 17013
or fax to: 717-245-1534