



# OFFICIAL 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 Banner ID#: \_\_\_\_\_

Year of Graduation or Dates of Attendance: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ (required)

# of copies\*: \_\_\_\_\_ If multiple copies:  separate envelopes  same envelope

\*If you have more than one request, you may attach a list.

Wait until current grades are posted

I will pick up the transcript

Send directly to **End Recipient:** \_\_\_\_\_  
(Name/Organization)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip)

Send to my address above to include with other materials

## Overnight Fee:

**We mail for FREE via US Postal Service to US and international locations.** 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

or you may email it as an attachment to: transcript@dickinson.edu