

OFFICIAL - TRANSCRIPT REQUEST FORM

(Note: Requests are processed on a first come, first served basis. Official Transcripts cannot be PDF)



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)

of copies: _____ (If you have more than one request, you may attach a list.)

If multiple copies: separate envelopes same envelope

Choose one:

- Send now
- Wait until current grades are posted

Choose one Delivery Method:

- I will pick up the transcript
- Send to:

Choose one Reason for Transcript:

- Transfer Scholarship/Grant/Fellowship
- Admission State Exam Board
- Employment Self-Managed Package
- Graduate School Grade Verification
- Law School Certification/Licensure
- Medical School Undergrad Admission
- Self Verify Degree Complete
- Registrar Other

Name

Organization

Address

City, State, Zip

- Send to me at the address at the top of this form.

ONLY COMPLETE THIS SECTION IF YOU WANT YOUR TRANSCRIPT SENT OVERNIGHT!

Do you want your transcript sent via overnight service? Yes No (If no, do not enter card info.)

We mail for FREE via US Postal Service to US and international locations. If you want overnight mail, you must include a current MasterCard, VISA, Discover or American Express # along with the expiration date and CVV/CVC Number 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 Type and #: _____ Exp. Date: _____ CVV/CVC _____
(MC, VISA, Discover, American Express) (card verification code)

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