



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)

Choose one:

- Send now
- Wait until current grades are posted

Choose one Delivery Method:

- I will pick up the transcript
- Send to:

Name

Address

City, State, Zip

Choose one Reason for Transcript:

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

Fax to:

Name

Fax Number

Email as pdf to:

Name

Email address

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 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