

TRANSCRIPT REQUEST FORM

\$5.00 FOR EACH OFFICIAL COPY

Payment must be received by the Bursar before request can be processed.

Delaware College of Art and Design
Attn: Krista Rothwell, Registrar
600 N. Market Street
Wilmington, DE 19801
This form may be emailed to: krothwell@dcad.edu

Student Information (please print clearly):

LAST NAME (INCLUDE MAIDEN NAME IF NECESSARY) FIRST NAME MIDDLE NAME OR INITIAL

MAILING ADDRESS

CITY STATE ZIP CODE

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER PHONE NUMBER EMAIL ADDRESS

Permission to release academic information: *(Signature required for processing.)*

STUDENT SIGNATURE DATE

I request that my transcript be sent to:

Please include an address. If you are sending your transcript to a specific department such as "Admissions" please include "Office of Admissions" in the name area. Space for additional addresses can be found on the back of this form.

1. OFFICIAL UNOFFICIAL

NAME ADDRESS

CITY STATE ZIP

2. OFFICIAL UNOFFICIAL

NAME ADDRESS

CITY STATE ZIP

3. OFFICIAL UNOFFICIAL

NAME ADDRESS

CITY STATE ZIP

4. OFFICIAL UNOFFICIAL

NAME ADDRESS

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5. OFFICIAL UNOFFICIAL

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