

TRANSCRIPT REQUEST FORM **\$5.00 FOR EACH OFFICIAL COPY**

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Transcript requests for Pratt Institute or Corcoran College of Art and Design are free.*

Student Information (please print clearly):

LAST NAME (INCLUDE MAIDEN NAME IF NECESSARY)	FIRST NAME	MIDDLE NAME OR INITIAL
MAILING ADDRESS		
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	PHONE NUMBER	EMAIL ADDRESS

Enrollment Information: *(Complete this if you are NOT currently attending DCAD.)*

Year of Graduation/Years of Attendance _____

I request that my transcript be sent to:

Please include an address. Space for additional addresses can be found on the second page of this form.

1. OFFICIAL UNOFFICIAL

NAME	ADDRESS	
CITY	STATE	ZIP

2. OFFICIAL UNOFFICIAL

NAME	ADDRESS	
CITY	STATE	ZIP

Permission to release academic information:

STUDENT SIGNATURE _____ DATE _____

Delaware College of Art and Design
600 N. Market Street
Wilmington, DE 19801
302.622.8870

This form may be faxed to:

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CITY STATE ZIP

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NAME ADDRESS

CITY STATE ZIP

6. OFFICIAL UNOFFICIAL

NAME ADDRESS

CITY STATE ZIP

7. OFFICIAL UNOFFICIAL

NAME ADDRESS

CITY STATE ZIP

8. OFFICIAL UNOFFICIAL

NAME ADDRESS

CITY STATE ZIP

9. OFFICIAL UNOFFICIAL

NAME ADDRESS

CITY STATE ZIP

10. OFFICIAL UNOFFICIAL

NAME ADDRESS

CITY STATE ZIP