



DAKOTA COUNTY
TECHNICAL COLLEGE

TRANSCRIPT REQUEST FORM

(Use one form for each address.)

Student Name _____ Date _____

Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Program Major _____ Number of copies needed _____

Are you currently enrolled? Yes No If no, last term enrolled _____

Check which items apply: Hold for current semester grades Hold until degree is recorded Send immediately

Are you transferring to another college? No Presently Within the next year Within 2-5 years

I will pick my transcripts up on (date): _____ Please mail to the address below

Name and/or Title _____

Institution _____

Address _____ City _____ State _____ Zip _____

Signature _____

\$7.50 per transcript—payment must accompany transcript request. If no payment is received, an **unofficial** copy will be sent. Print and mail your signed request with check made payable to Dakota County Technical College to:
Dakota County Technical College, Attn: Transcript Requests
1300 145th Street East, Rosemount, MN 55068

OFFICE USE ONLY
Number of copies requested _____ Date sent _____ Sent by _____ Hold _____