



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 _____
_____			