TRANSCRIPT REQUEST FORM
(Use one form for each address.)

Student Name __________________________________________ Date __________________________

Student Number/Star ID __________________________ 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 __________________________