Transcript Request Form

Student Name ____________________________ Date ___________

Student Number/Star ID ______________________ Date of Birth ______________________

Address __________________________________ City ____________________________
State __________________ Zip ________

Day Phone ____________________________ Program/Major ____________ Number of copies ____________

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

I will pick my transcripts up on (date): ______________________ or □ 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 return your ink 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

email: Registration@dctc.edu
or Fax: 651-423-8775

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

Dakota County Technical College is an affirmative action, equal opportunity employer and educator. This information is available in alternative formats to individuals with disabilities by calling 651-423-8469 or TTY/Minnesota Relay at 1-800-627-3529.

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