



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 _____