

A member of Minnesota State

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 to | erm enrolled | | |
| Check which items apply: □ Hold for | current semester grades □ I | Hold until degree is | recorded □ Se | end immediately |
| will pick my transcripts up on (date): or □ Please mail to the address below | | | | below |
| Name and/or Title | | | | |
| Institution | | | | |
| Address | City | | State | Zip |
| Signature | | | | |
| \$7.50 per transcript—payment must will be sent. | accompany transcript reque | est. If no payment | is received, a | n unofficial copy |
| Print and return your ink signed requ | est with check made payab | ole to Dakota Cour | nty Technical | College to: |
| Dakota County Technical College Attn: Transcript Requests 1300 145th Street East, Rosemount, | or Fax: 65 | gistration@dctc.ed 1-423-8775 | u | |
| OFFICE USE ONLY Number of copies requested | Date sent | Sent by | Hole | d |

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