Request for Transcript of Academic Record

Note: Please complete a separate request for each location to which you wish a transcript(s) to be sent.

Name while attending DCC (if different than present):

Student’s Signature: ________________________________

Date of Birth __________ only

Student Number (A Number)
A ___ ___ ___ ___ ___ ___ ___ ___ ___

Check appropriate box:
☐ Send transcript now
☐ Send at end of current semester
☐ Hold for change of grade in: ________________________________
☐ Send when graduation is confirmed on transcript

• A TRANSCRIPT WILL NOT BE FURNISHED TO ANY STUDENTS WITH OUTSTANDING OBLIGATIONS TO DCC.
• PLEASE SEND ______ COPY/COPYIES OF MY TRANSCRIPT TO:

Address: ______________________________________________________
____________________________________________________
____________________________________________________

Office of the Registrar
Dutchess Community College
53 Pendell Road
Poughkeepsie, NY12601-1595

OFFICE USE ONLY:

COPIES: White - Registrar’s Office file
Canary - Transcript
Pink - Student copy

Date sent: ________________________________

DCC005/Rev.12/09