

# Request for Transcript of Academic Record

Date: \_\_\_\_\_

Office of the Registrar  
Dutchess Community College  
53 Pendell Road  
Poughkeepsie, NY 12601-1595

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



**\$5 Fee required for each official transcript**



Student's Signature: \_\_\_\_\_

AUTHORIZING ISSUANCE OF TRANSCRIPT

A TRANSCRIPT WILL NOT BE FURNISHED TO ANY STUDENTS WITH OUTSTANDING OBLIGATIONS TO DCC.

**Your Name and current address: (Please print plainly with ball point pen)**

Ms.  
Mr.

\_\_\_\_\_  
LAST FIRST MIDDLE  
\_\_\_\_\_  
NUMBER STREET  
\_\_\_\_\_  
TOWN / CITY STATE ZIP CODE

THIS FORM WILL BE USED IN A WINDOW ENVELOPE. STUDENT IS RESPONSIBLE FOR A CORRECT AND LEGIBLE ADDRESS.

Phone number: \_\_\_\_\_

Name while attending DCC (if different than present): \_\_\_\_\_

**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
- Official transcript (\$5 Fee Required)       Unofficial transcript

**PLEASE SEND \_\_\_\_\_ COPY/COPIES OF MY TRANSCRIPT**

TO:

\_\_\_\_\_  
NAME/INSTITUTION  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
ADDRESS

THIS FORM WILL BE USED IN A WINDOW ENVELOPE. STUDENT IS RESPONSIBLE FOR A CORRECT AND LEGIBLE ADDRESS.

Date of Birth \_\_\_\_\_ only  
MONTH DAY

Student Number (A Number if available)

A \_\_\_\_\_

## OFFICE USE ONLY:

Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_ SA \_\_\_\_\_

Copies: White - Registrar's Office file  
Canary - Transcript  
Pink - Student copy

Date: \_\_\_\_\_  Sent  Picked Up

# DUTCHESS

## COMMUNITY COLLEGE