

Request for Transcript of Academic Record

Date: _____

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.



Name while attending DCC
(if different than present): _____

Student's Signature: _____

AUTHORIZING ISSUANCE OF TRANSCRIPT

Your Name: (Please print plainly with ball point pen)

Ms.
Mr.

| | | |
|---------------|-------|----------|
| LAST | FIRST | MIDDLE |
| NUMBER STREET | | |
| CITY | STATE | ZIP CODE |

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

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/COPIES OF MY TRANSCRIPT TO:

Address:

| |
|--|
| |
| |
| |
| |

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

Social Security Number Not required by federal law.

_____/_____/_____

To pay by credit card complete this information:

I, _____
(Cardholder's name)

authorize

Dutchess Community College to charge:\$ _____

Account No. _____

Card expiration date _____

Phone: _____

Authorized signature _____

OFFICE USE ONLY:

COPIES: White-Transcript
 Canary-Student copy
 Pink-Registrars Office (file)

Date sent: _____

DCC005/Rev.1/05