

**D.A. DORSEY TECHNICAL COLLEGE
TRANSCRIPT/DIPLOMA/DUPLICATE CERTIFICATE
REQUEST FORM**

**PERSONAL INFORMATION
(PLEASE PRINT)**

NAME: _____
LAST *FIRST* *MI*

MAIDEN: _____

S.S.# _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE:

_____ ZIP: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

PROGRAM INFORMATION

PROGRAM NAME: _____

DATES OF ATTENDANCE/COMPLETION: _____

INSTRUCTOR(S)' NAME: _____

RECORD(S) REQUESTED: TRANSCRIPT DIPLOMA CERTIFICATE

MAILING INFORMATION

CONTACT PERSON: _____

INSTITUTION: _____

DEPARTMENT: _____

ADDRESS: _____

CITY: _____ STATE:

_____ ZIP: _____

****NOTICE****

The cost of each item requested is: *Transcripts \$3.00 /Certificates \$5.00*. Requests will be processed within five (5) business days. If for any reason we are unable to locate your records, you will be notified. *Please feel free to contact M. Robinson @ ext. 2122 with any questions or concerns regarding this request.*

No personal checks accepted/All fees are non-refundable