



D. A. Dorsey Technical College

Transcript/ Diploma/ Duplicate Certificate Request Form

- Please print clearly.
- Requests will be processed within five (5) business days from the initial request date. If, for any reason we are unable to locate your records, you will be notified.
- Please feel free to contact L. Covington for Vocational Certificate questions/ concerns.
- For high school, transcript questions please contact the student service department.
- Please be advised transcripts are mailed using USPS (**there is no tracking included**).
- **GED** transcript requests are to be requested at the Florida Department of Education (850)245-0449
- If you attended **before 1990** please do not complete this form.
- Fees are payable by, cash, money order, or credit/debit cards (in person only). **** All Fees are non-refundable ****

Personal Information

Name: _____
Last Name First Name Middle Initial

Student ID # _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Other Names Used: _____

Current Address: _____

Phone Number: _____ - _____ - _____ Email Address: _____

Dates Attended From: _____ To: _____

Circle One: Graduated Expect to Graduate Did Not Graduate Completed GED

Student's Signature: _____ Date: ____/____/____

Program Information

Program of Study: _____ Instructor's Name: _____

Dates Attended From: _____ To: _____

Requested Documents: (check all that apply. First copy of transcript is free for graduates and program completers)

- | | |
|---|---|
| <input type="checkbox"/> Initial Vocational Transcript | Duplicate Vocational Transcript (\$3) <input type="checkbox"/> |
| <input type="checkbox"/> Initial Vocational Certificate | Duplicate Vocational Certificate (\$5) <input type="checkbox"/> |
| <input type="checkbox"/> Initial High School Diploma | Duplicate High School Diploma (\$5) <input type="checkbox"/> |
| <input type="checkbox"/> Initial High School Transcript | Duplicate High School Transcript (\$3) <input type="checkbox"/> |

Mailing Information: (please complete if you would like the transcript/ certificate mailed to an address)

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person/ Department: _____

Institution: _____

Student Service Use Only:

Date Requested/ Ordered: ____/____/____ Ordered By: _____