



OFFICE OF REGISTRAR/RECORDS

Your first transcript is free.
Each transcript thereafter is \$1.00.

Are you currently attending? Yes No
If no, term/year last enrolled

Student ID Number Date of Birth
First Name M.I. Last Name
Name at time of enrollment, if different:
Street Address
City State Zip Code
Daytime Phone Number

STUDENT'S SIGNATURE

(Note: Transcript will not be released without your signature)

Mail transcript to:
Name
Address
Address
City State Zip

Mail transcript to:
Name
Address
Address
City State Zip

Mail transcript to:
Name
Address
Address
City State Zip

Special Requests
o Send transcript now
o Send transcript after current grades are posted
o Send transcript after incomplete grade is posted Term Year
o Send transcript after degree requirements are met
o Official Copy
o Student Copy

Graduation Status
o Are you within 1-2 semesters of graduating from Darton? Yes No
o Have you completed a graduation audit request? Yes No
(If yes, please speak with a records specialist about obtaining transient status.)

Personal Pick-Up
Number of copies requested
Please allow two (2) days for processing of transcripts to be picked up.
Transcript will be available on:

Office Use Only
Initials of clerk processing request
Date transcript(s) sent