



OFFICE OF REGISTRAR/RECORDS

PLEASE NOTE: FAXED REQUESTS CANNOT BE ACCEPTED

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, Last Name, Name at time of enrollment, 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, City, State, Zip (repeated three times)

Special Requests: Send transcript now, after current grades, after incomplete grade, after degree requirements

Type of transcript: Official copy, Student copy

Graduation Status: Are you within 1-2 semesters of graduating from Darton? Have you completed a graduation audit request?

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