

DARTON COLLEGE

OFFICE OF REGISTRAR/RECORDS

PLEASE NOTE: FAXED REQUESTS CANNOT BE ACCEPTED

***Your first transcript is free.
Each transcript thereafter is \$1.00.
(Effective July 1, 2010, the fee will be \$2.00.)***

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 _____

Office Use Only

Initials of clerk processing request _____
Date transcript(s) sent _____

Special Requests

- Send transcript now
- Send transcript after current grades are posted
- Send transcript after incomplete grade is posted Term _____ Year _____
- Send transcript after degree requirements are met

Type of transcript

- Official copy
- Student copy

Graduation Status

- Are you within 1-2 semesters of graduating from Darton? Yes No
- 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:
