



REQUEST FOR TRANSCRIPT

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Date of Birth: _____

Program: _____

Date of Completion: _____

Current Address: _____

Telephone Number: _____

DELIVERY INSTRUCTIONS

Hold, I will personally pick-up the documentation on _____

Mail the documentation directly to me at the above address.

Send the documentation to the following address: _____

NO DOCUMENTATION WILL BE RELEASED FOR ANY STUDENT WHOSE FINANCIAL OBLIGATIONS TO THE SCHOOL HAVE NOT BEEN MET.

There is \$10.00 charge for each transcript. Make checks payable to Dawn Career Institute.

Student Signature: _____ Date: _____

For School Office Use Only:

Fee collected by: _____ Date: _____

Document produced by: _____ Date: _____

Document given to front desk or mailed by: _____ Date: _____

**Print and mail this form, along with payment, to:
 Office of Registrar, Dawn Career Institute, 3700 Lancaster Avenue, Suite 105, Wilmington, DE 19805**