



# 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, 252 Chapman Road, Newark, DE 19702**