DAWN
Career Institute

REQUEST FOR DIPLOMA/CERTIFICATE

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 diploma/certificate. 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