



# Transcript Request Form

There is a fee of \$8.00 per transcript. This fee applies to all transcript requests, including those you pick up at our office.

Also, there will be a \$10.00 special handling fee for any faxed transcripts. **NOTE:** Faxed transcripts are often times not considered to be "official" by colleges, agencies, or other recipients. All processing fees must be paid before any transcript orders will be processed. If you are currently on campus, the fees should be paid at the DSU Office of Business Affairs and the receipt should be returned to the Office of Academic Records along with this completed form.

If you will be mailing this form to the DSU Office of Academic Records, be sure to include your personal check for the correct amount. If you wish to pay by credit card, follow the directions at the end of this document.

Date of Request \_\_\_\_\_ Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Former Last Name(s) \_\_\_\_\_

Student ID# \_\_\_\_\_ Social Security Number \_\_\_\_\_

Your Address \_\_\_\_\_

Email Address \_\_\_\_\_

Dates you attended DSU: FROM \_\_\_\_\_ / TO \_\_\_\_\_

Please print transcript: \_\_\_\_\_ Immediately  
\_\_\_\_\_ At the end of the term after grades have been posted  
\_\_\_\_\_ After degree is posted

Would you like your transcript mailed or faxed (additional \$10.00 faxing fee)?

\_\_\_\_\_ No, I will pick up on \_\_\_\_\_

\_\_\_\_\_ Yes, please mail my transcript to the universities, companies, and/or individuals listed on the back side of this form.

\_\_\_\_\_ Please fax this transcript to the following number \_\_\_\_\_

Student Signature: \_\_\_\_\_

*Registrar's Office Use: Date Sent: \_\_\_\_\_ Sent By: \_\_\_\_\_*

**SEND MY TRANSCRIPT TO:**

(\$8.00 for Each Transcript Requested)

**NOTE: One copy will be sent to each address listed below:**

University/Company/Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State (Foreign Country)/Zip: \_\_\_\_\_

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University/Company/Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State (Foreign Country)/Zip: \_\_\_\_\_

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University/Company/Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State (Foreign Country)/Zip: \_\_\_\_\_

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**CREDIT CARD ORDERS**

If you intend to pay the transcript processing fee with a credit card, you must:

1. Print this form
2. Fill it out and immediately fax it to 701-483-2409
3. Telephone the DSU Office of Business Affairs at 701-483-2328
4. Give them your name, credit card number, expiration date and the "V" code number located on the back of the card
5. Your credit card will be charged the appropriate processing fee and your transcript request will be processed
6. Do not indicate your credit card information on this form!

*Registrar's Office Use: Date Sent: \_\_\_\_\_ Sent By: \_\_\_\_\_*