DeKalb Technical College

TRANSCRIPT REQUEST FORM

Clarkston Campus
495 N. Indian Creek Drive, Clarkston, GA 30021
FAX: (404) 298-5235 OFFICE: (404) 297-9522 EXT.1249

Covington Campus
16200 Alcovy-Jersey Road, Covington, GA 30014
FAX: (770) 385-6292 OFFICE: (770) 786-9522 EXT.3124

Instructions: Complete the following information. Fill out an additional request if a second copy is to be sent to another address, allow 10-15 days for receipt by receiving institution. No transcript will be furnished to any student whose financial obligations to **DEKALB TECHNICAL COLLEGE** have not been satisfied. Hand-carried transcripts are not normally accepted by receiving institutions. Every attempt is made to process each request, but the college can assume no responsibility for final delivery.

Student No:
OR SSN:

(_____)_____--_____
DAYTIME PHONE NUMBER

FIRST **MIDDLE** **LAST (PRESENT)** **FORMER NAME, IF ANY**

ADDRESS **APT.NO.**

CITY **STATE** **ZIP CODE**

PRINT COMPLETE NAME AND ADDRESS OF RECEIVING INSTITUTION:

TO:

THERE IS A PROCESSING FEE OF $5.00 FOR EACH OFFICIAL TRANSCRIPT. PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: **DEKALB TECHNICAL COLLEGE** AND MAIL TO EITHER ADDRESS LISTED ABOVE. FOR ALL CREDIT CARD PAYMENTS COMPLETE THE STUDENT AUTHORIZATION BELOW AND FAX OR MAIL YOUR REQUEST TO THE ADDESS OR NUMBERS LISTED ABOVE.

ATTENTION: Grades are posted to student records approximately 5 days after the close of each quarter. Do you wish this request processed: *(Check one only)*

a. As soon as possible? _____
b. After current quarter grades are posted? _____

STUDENT AUTHORIZATION: I request and authorize that an official transcript be mailed to the address as stated above.

_____
Student's Signature Date

PLEASE COMPLETE IF YOU WOULD LIKE TO PAY BY CREDIT CARD:
STUDENT AUTHORIZATION: I, *_____, AUTHORIZE* ***DEKALB TECHNICAL COLLEGE*** *TO CHARGE MY CREDIT CARD THE AMOUNT OF$_____. I REQUEST THAT A TRANSCRIPT FOR THE STUDENT BE SENT TO THE ADDRESS SHOWN ABOVE.*

TYPE OF CREDIT CARD: (CIRCLE ONE) VISA MASTERCARD DISCOVER
CREDIT CARD NUMER:

EXPIRATION DATE: _____/_____

NAME THAT APPEARS ON CREDIT CARD: _____

SIGNATURE: _____ ***DATE***_____/_____/_____

PRINTED NAME: _____

FOR OFFICE USE ONLY: DATE PAID_____ ***TRANSCRIPT MAILED***_____

INITIALS_____ ***INITIALS***_____