## DURHAM TECHNICAL COMMUNITY COLLEGE

## REQUEST FOR TRANSCRIPT

Please complete a separate request form for each transcript copy that you want.

No transcript of a student's record will be issued until all financial obligations to the college have been satisfied. A charge of \$5.00 per official transcript will be assessed.

Mail to: Student Information and Records
Durham Technical Community College
1637 Lawson Street
Durham, NC 27703

Name: \_\_\_\_ First Middle Address: \_\_\_\_\_\_ Street or P.O. Box Number Phone: City State Zip Date of Birth: Month Day Year Student I.D. Number: Name while enrolled (if different from above) If paying with MasterCard or Visa: Card # \_\_\_\_\_Exp. Date Were you enrolled before 1988? ☐ Yes ☐ No Is this transcript: Curriculum (credit courses) Continuing Education (non-credit) Adult High School (no charge) **Transcript Use:** Employment Education Personal Do you want: Official Transcript (other colleges and most employers require official transcripts) Student transcript (no charge) \*\*GED Transcripts - NC Dept. of Community Colleges, 200 West Jones St., Raleigh NC 27603-1379 **Should we:** 

☐ Issue transcript now ☐ Hold for term grades (end of semester) ☐ Hold for degree/certificate

Do you		s license, etc.) is required.		
		ript. If so, who? (This pers required for a request for the		I.D. to pick up your transcript. up by someone else.)
Print N	Name			
The co	ollege to mail transcript	to the address below.		
Mail to:				
Man to	•			
	Name			
		Address		
	City	State	Zip	
Signatu	re			-
Date _				
		FOR OFF	ICE USE	
	Fe	e PaidDTC	C Initials	
	Picked	up by student		(date)
Mailed as indicated above				(date)
		up by someone else _ch authorization)		(date)

Please allow  $\underline{1}$  week at the beginning and end of term for the request to be completed. No receipt confirmations are issued for mailed requests.