



Dodge City Community College Transcript Request

Please fill in all appropriate blanks. Incomplete or unsigned requests will be returned to you.

PLEASE PRINT LEGIBLY

LAST NAME _____ FIRST NAME _____ MIDDLE NAME OR INITIAL _____

PREVIOUS OR MAIDEN NAME _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ DAYTIME PHONE _____ COUNTY _____

I ATTENDED DODGE CITY COMMUNITY COLLEGE BETWEEN _____ AND _____ DEGREE EARNED _____

STUDENT SIGNATURE _____ DATE _____
(Request will NOT be processed without student's signature)

INSTRUCTIONS TO DCCC RECORDS OFFICE

Send _____ copies of my transcript to me at my address listed above.

Send my transcript to the name(s) and address(es) listed below. (Attach additional pages if needed.)

SEND _____ COPIES TO THIS NAME AND ADDRESS
(please list name and complete mailing address or fax number)

SEND _____ COPIES TO THIS NAME AND ADDRESS
(please list name and complete mailing address or fax number)

SPECIAL INSTRUCTIONS _____

PAYMENT DUE ON REQUEST

Students who are currently enrolled may request up to three transcripts per semester at no charge. Former students are charged \$5 per transcript. An additional \$10 fee is charged if DCCC faxes the transcript.

I am currently enrolled Charge my debit/credit card:

Cash enclosed Visa MasterCard Discover

Check enclosed Card Number _____ - _____ - _____ - _____

Expiration date _____ Amount authorized _____

Signature of card holder _____

MAIL TO:

Dodge City Community College
Attention: Transcript Request
2501 N. 14th Ave.
Dodge City, KS 67801
or fax to: 620-227-9350

COMMUNICATION TO YOU FROM THE DCCC RECORDS OFFICE

An official transcript or other requested information concerning you will be sent to you upon the receipt of your written permission to do so. A student's transcript is considered confidential and information about it is released only upon the written request of the student.

The information in your request is insufficient to locate your transcript. Please fill out the request form completely and return it to the Records Office.

A **HOLD** has been placed on your transcript. Before your transcript can be released, the following obligation(s) must be met. Please resubmit your transcript request when the hold(s) has/have been released.

Request for transcript is missing the student's signature. Please sign and return to the Records Office to be processed.

REASON FOR HOLD(S) _____

OFFICE USE ONLY:	
Received by: _____	Date: _____
Amount: _____	Cash _____ Check # _____
	Visa _____ MC _____ Disc _____