

DACC TRANSCRIPT REQUEST

This form MUST be filled out only by the student!

Please print legibly:

Current Name:

(Last)

(First)

(Middle)

Other Previous Last Names (if any): _____

Birthdate: ____/____/____

Student ID #: _____ OR

Social Security #: _____ - _____ - _____

Current Address: _____

(Street)

(City)

(State)

(Zip Code)

Current Phone Number: _____ - _____ - _____ (Home)

_____ - _____ - _____ (Cell)

Do you have any records before 1992? Yes _____ No _____

(Signature)

(Date)

Financial Obligations Must Be Paid Before Any Transcripts Are Released.

Transcripts are: **Official Transcripts = \$5**

Unofficial Transcripts = Given to student in person

Or e-mailed directly to the student = FREE

Please return to: Danville Area Community College

Attn: Records Office

2000 E. Main St.

Danville, IL 61832

(217) 443-8797 office, (217) 443-8337 fax

_____ Give my transcripts to me (or) _____ Send my transcripts to:

TOTAL NUMBER OF COPIES REQUESTED: _____

When should transcripts be sent?

_____ Now

_____ When semester grades are posted. For _____ Semester

_____ After degree has been posted. For _____ Semester

****Transcripts are usually mailed out within 2 business days****

FOR OFFICE USE ONLY:

THIS TRANSCRIPT WAS SENT

BY: _____

ON: _____