DTC TRANSCRIPT REQUEST

- A transcript will NOT be processed unless your account balance is in good standing.
- This request can be faxed or mailed to the address listed here ONLY if you have provided all information requested in this document.
- Please allow 5-7 working days for receipt of your transcripts.
- Transcripts cannot be sent via fax or email.
- There is a $5 processing fee for each transcript copy requested. This must be paid prior to delivery of your transcripts.

MAIL TO:
Delta Technical College
Office of the Registrar
113 Marketridge Drive
Ridgeland, MS 39157

FAX TO: (601) 206-5164

PERSONAL INFORMATION (TYPE your information below, then PRINT, SIGN, and SEND)

Last Name _____ First Name _____ Former Name (While Attending DTC) _____

Street Address _____ City _____ State _____ Zip Code _____

___-___-____ Social Security Number*

__/__/__ Date of Birth (mm/dd/yy)

(___)___-____ Phone Number

_____ Program Attended

__/__ Graduation Date (mm/yy)

_____ Number of Copies Requested ***($5 fee per copy)***

PROCESSING INFORMATION (Check one box only)

- ☐ **PROCESS NOW**
- ☐ **PROCESS AFTER GRADES HAVE BEEN POSTED**
- ☐ **SEND AFTER GRADUATION**

REGISTRAR USE ONLY

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Signature: _____

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DELIVERY (Check one box only)

- ☐ **I WILL PICK UP MY TRANSCRIPTS**

__/__/__ Requested Date(mm/dd/yy)

- ☐ **MAIL MY TRANSCRIPTS TO:** _____

STUDENT AUTHORIZATION: (transcripts will not be released without the students signature)

I hereby authorize the release of my DTC transcripts _____
(REQUIRED STUDENT SIGNATURE)

Questions? Call: (601) 206-5200

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*DTC requests the voluntary disclosure of your Social Security number on this form. If provided. DTC will use your Social Security number for verification of records.

Print Form