

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
6550 D Interstate Boulevard
Horn Lake, MS 38637

FAX TO: (662)393-9649

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
<hr/>		<hr/>	<hr/>	<hr/>
Social Security Number*		Date of Birth (mm/dd/yy)	Phone Number	
<hr/>		<hr/>	<hr/>	
Program Attended	Graduation Date (mm/yy)		Number of Copies Requested (\$5 fee per copy)	
<hr/>	<hr/>		<hr/>	

PROCESSING INFORMATION (Check one box only)

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

REGISTRAR USE ONLY
Account in good standing: _____
Processed Date: _____ / _____ / _____
Signature: _____
Paid: _____ Payment Type: _____

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: (662) 280-1443

*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.

