

Dawson Community College - Transcript Request Form

Please return to: DCC Registrar's Office, Box 421, Glendive, MT 59330 or Fax (406) 377-8132

Student's Current Information:

Name: _____

Send now.

Address: _____

Send after current semester grades are posted.

City, State, Zip: _____

Send after degree is posted.

Email Address: _____

Phone: _____

Change my records to the above mailing address

Soc Sec # or Date of Birth: _____

Signature: _____

Daytime Phone Number: _____

- Please Note:
- Transcripts are not issued until all accounts with the College are in good standing.
 - Transcripts are processed within 10 days of receipt (delays may occur during registration and end of term).

Send Transcript To: _____

Costs:
\$3.00 Per Transcript if Mailed
\$5.00 Per Transcript if Faxed

Check (payable to DCC)

Visa
 Master Card
 American Express

Card # _____

Exp Date _____

Card Holder's Signature _____

OFFICE USE ONLY

Date Sent: _____

Sent By: _____