



TRANSCRIPT REQUEST

1200 W. University Ave., Mitchell, SD 57301-4398
Phone: (605) 995-2642 Fax: (605) 995-2643
Email: registrar@dwu.edu

\$10 Rush Processing Requested
 (processed in 2 business days)
 Credit Card#: _____
 CID# (3 digit security code on back): _____
 Expiration Date: _____
****No Charge for Regular Processing****

Printed Name _____ Maiden name/other _____
 Address _____ Home Phone _____
 _____ Cell Phone _____
 City _____ Campus ID _____
 State & Zip _____ Social Security # _____
 Email _____ Birth date _____

Are you a current student? ___ YES ___ NO Last year of attendance at DWU _____
 Should we hold your transcript to include the current semester's grades? _____ YES _____ NO

Purpose of release _____

Name(s)/Address(es) where to send (use additional paper if needed):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of copies to this address _____ Number of copies to this address _____

Hand Written Signature _____ Date _____

Federal law requires a signed pen to paper signature.

Transcript processing times vary based on the number of requests received daily. Requests will not be processed if there is a Business Office hold.

OFFICE USE ONLY

Business Office Approval _____ Date _____
 Date sent _____ Initials _____
 Date ready pickup _____ Initials _____
 Date faxed _____ Initials _____