

Delaware Valley College Transcript Request Form

*Office of the Registrar
700 E. Butler Avenue
Doylestown, PA 18901
Fax: 215.230.2972*

DO NOT SEND CASH - all major credit cards, personal checks and money orders are accepted.

Name _____
First MI Last

Name under which you attended, if different from above _____

Current Street Address (required for credit card processing) _____

City _____ State _____ Zip _____

DOB: ____/____/____ Social Security # _____ - _____ - _____ (OPTIONAL)

When should transcript be processed?

Now Hold for current semester's grades Hold for change of grade Hold for degree

Dates of Attendance _____ Program of Study _____

If graduated:

Associate degree Bachelor degree Master degree Dated conferred: Month _____ Year _____

Number of transcripts requested: Official _____ Unofficial _____

YOUR SIGNATURE REQUIRED: _____ Date: _____

Contact phone number: _____ E-mail address: _____

Send transcript to: _____

(list additional recipients on a separate sheet if needed)

Cost: Official transcript: \$10
 Same day service: \$20
 Overnight Service: \$40 (\$20 same day transcript + \$20 shipping)
 Unofficial transcript: No charge

Check Enclosed Money Order Enclosed Credit Card

Credit Card #: _____ Expiration: _____ Month _____ Year

V-Code (3 digit security code on back of card) _____

Cardholder's name: _____ Daytime phone number: _____

Cardholder's signature (REQUIRED if not student): _____