

TRANSCRIPT REQUEST FORM

Instructions:

The student should complete this **Transcript Request Form** and mail or take to high school or college to have official transcripts sent to the Delaware College of Art and Design.

It is the responsibility of the student to inquire about and pay any applicable transcript processing fees.

Student Information (please print clearly):

STUDENT SIGNATURE _____ DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME OR INITIAL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____ EMAIL ADDRESS _____

School Information:

NAME OF HIGH SCHOOL OR COLLEGE _____ CITY _____ STATE _____

YEAR OF GRADUATION/YEARS OF ATTENDANCE _____

I REQUEST THAT MY OFFICIAL TRANSCRIPT (INCLUDING STANDARDIZED TEST SCORES) BE SENT TO:

**Admissions Office
Delaware College of Art and Design
600 N. Market Street
Wilmington, DE 19801**

UNOFFICIAL TRANSCRIPTS MAY BE FAXED TO: **302-622-8870**