



Office of the Registrar
1570 N. DuPont Highway
Dover, DE 19901
Telephone 302-678-3247 Fax 302-857-4456

TRANSCRIPT REQUEST

Transcripts are normally mailed 72 hours after request received. At peak periods, additional time may be needed to process your request. **Requests can be made by mail, or in person. There is a \$5.00 charge for each official transcript, and a \$2 charge for an unofficial transcript. We accept cash, check or money orders.**

There is NO CHARGE for current ECHS@DSU students.

- ❑ In person: Complete front and back, bring to the Main Office at ECHS@DSU.
- ❑ By mail: Complete front and back, include a check or money order; mail to the address above.

Personal Information (print clearly)

Last name _____

First name _____

Middle name/initial _____

Maiden name _____

Other last name used while attending: _____

Month/year of attendance: ___/___ to ___/___

Signature: _____
(If you are under 18 years of age a Parent/Guardian is required to sign)

Date: _____

Contact Phone Number _____ - _____ - _____

Select type of transcript requested:

- Official transcript
- Student copy (unofficial)

Special Instructions:

- Hold transcript, will pick up in person (must present photo ID)

Special Instructions: _____

Send Transcript to:

Organization: _____

Attn: _____

Address: _____

City/State/Zip _____

Have you remembered to:

- ✓ Complete all personal information and sign the form?
- ✓ Select type of transcript and degree attempted or completed?
- ✓ Inform us of any special instructions?
- ✓ Complete one form for each transcript request?
- ✓ Include payment or credit card information?
- ✓ Produce a photo ID if you are picking transcript up in person?

ECHS OFFICE USE ONLY:

Fee Paid \$ _____ Balance \$ _____ Initials Date _____

Number: _____