



TRANSCRIPT REQUEST

Rev. 5/18

Your Name: (Print) _____
Last name First name Middle name

Address: _____
Street City State Zip code

Email Address: _____ **Telephone:** _____

Social Security #: _____ - _____ - _____ **Dates of Attendance:** _____

If attended under a different name, please provide: _____

Mailing Address for the delivery of the transcript: (Please make sure the address is clear and accurate).

Number of transcript copies to be mailed to the above address: _____

A \$10.00 per copy fee is required to cover postage and handling. No transcript will be sent unless all financial obligations, including transcript fees, have been satisfied. Make check out to "Divine Word College".

OPTION for Digital Transcript Delivery:

Some institutions accept emailed college transcripts. Such delivery methods may or may not be considered an official copy. Be sure to check with the receiving organization before requesting a digital deliver to ensure that they will accept a PDF version without a digital signature. Official transcripts will only be sent to addresses verified as at a college or university admissions office.

Email Address: _____

Transcript information:

Official transcripts of courses taken at other education institutions which have been presented for admission or evaluation purposes become part of the student's permanent record in the Registrar's Office and are not reissued or copied for distribution. Transcripts from other institutions, if needed, should be obtained from the institution in question.

Normally transcript requests are processed within one working day from arrival. The school assumes no responsibility for mis-delivered transcripts due to faulty, unclear, or other mis-communications. There is a \$5.00 fee for digital delivery and requesting individual will be CCed to the above provided address.

Pursuant to the Family Educational Rights and Privacy Acts (FERPA) of 1974, these records cannot be released to any other party without the written consent of the student.

Authorizing Signature: _____ **Date:** __/__/____

Return this form and fees payable to: Divine Word College, Office of Registrar,
102 Jacoby Drive SW, PO Box 380, Epworth, Iowa 52045-0380