

TRANSCRIPT REQUEST for students that attended prior to 1994

All other students please go to www.dean.edu/registrar to order your transcripts online

Identification Number (SSN or Student ID): _____		
Student's Name (PRINT CLEARLY)		Today's Date
Current Street Address		
City	State	Zip-code
Dates of Attendance FROM: _____ TO: _____		
Degree(s): <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> BA		Program(s): _____
Former Name (if any): _____		
Phone # or Email _____		
STUDENT'S SIGNATURE *(required): _____		

Dean College
Office of the Registrar
99 Main Street
Franklin MA 02038-1994
Phone: (508) 541-1640
Fax: (508) 541-1941

~ PLEASE PRINT CLEARLY ~

<input type="checkbox"/> Official <input type="checkbox"/> Unofficial <input type="checkbox"/> Transcript Request # 1 - Send my transcript to: Name/Attn: _____ College: _____ Addr 1: _____ Addr 2: _____ City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> Official <input type="checkbox"/> Unofficial <input type="checkbox"/> Transcript Request # 2 - Send my transcript to: Name/Attn: _____ College: _____ Addr 1: _____ Addr 2: _____ City: _____ State: _____ Zip Code: _____
--	--

<u>PROCESSING FEES</u>	
<u>PROCESSING OPTIONS</u>	<u>Price PER Transcript</u>
<input type="checkbox"/> Official Regular Processing (5 business days)	\$ 10
<input type="checkbox"/> Overnight Processing (this expedites the shipping process only)	\$ 35
<input type="checkbox"/> Overnight International	\$ 55

<u>PAYMENT OPTIONS</u>	
<input type="checkbox"/> I have enclosed a check with this request.	
<input type="checkbox"/> I will pay cash with this request.	
<input type="checkbox"/> Please charge fees to the credit card below:	
*Card Holder Name: _____	
*Card Number: _____	
*Exp. Date _____	*Type of Card: _____ <small>(MC/Visa/AMEX/Discover)</small>
	*Security Code: _____
*Legal Signature of Credit Card Holder: X _____	

~The college reserves the right to withhold transcripts for students with outstanding financial obligations.~