

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"/> Associate <input type="checkbox"/> Bachelor	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: 508-541-1518
FAX: 508-541-1941
EMAIL: REGISTRAR@DEAN.EDU

~ PLEASE PRINT CLEARLY ~

<input type="checkbox"/> Transcript Request # 1 - Send my transcript to: Name/Attn: _____ College: _____ Addr 1: _____ Addr 2: _____ City: _____ State: _____ Zip Code: _____	<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>	Price <u>PER</u> <u>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: _____ (MC/Visa/AMEX/Discover)
*Security Code: _____
*Legal Signature of Credit Card Holder: X _____

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