

DIXIE STATE COLLEGE OF UTAH
Transcript Request Form

1. Complete this form . Incomplete forms will not be accepted.
2. If faxing, send to **(435) 656-4005**.
3. If mailing, send to: **Dixie State College, Registrars Office, 225 South 700 East, St. George, UT. 84770**
4. If credit card information is not included, send either check or money order.
5. **Fees:** Official Transcript - \$4.00, Unofficial Transcript - \$1.00, To have it faxed – Additional \$5.00
For overnight service – Additional \$20.00 (*must be requested prior to 12:00 p.m.(MST), and must provide street address (no P.O. Boxes) and Phone Number of recipient*).
6. Transcript requests will not be processed without accompanying payment.
7. Students who have past-due balances will not be issued transcripts (contact Cashier's Office, (435) 652-7605).

Please fill out form completely

Last Name: _____ First Name: _____

Former Name(s): _____ SSN or DSC ID: _____ Date of Birth: _____

Phone Number: () _____ Attended from (indicate 1st year): _____ To (most recent year): _____

How many official transcripts?: _____ How many unofficial transcripts: _____ Hold for grades? _____ Hold for degree? _____

E-mail address: _____ Signature: _____

Mailing information: (if more than 3 addresses, add an additional sheet):

Name/Institution: _____	Contact Name: _____
Address Information: _____	
City: _____	State: _____ Zip: _____

Name/Institution: _____	Contact Name: _____
Address Information: _____	
City: _____	State: _____ Zip: _____

Name/Institution: _____	Contact Name: _____
Address Information: _____	
City: _____	State: _____ Zip: _____

Or fax to: _____ Attn: _____

Credit Card Information (Secure transaction – Master Card, Visa, or Discover)

Card Number: _____ Expiration Date: _____

Card Holder Name: _____ Zip Code of Card Holder: _____