



OFFICE OF THE REGISTRAR • DARTMOUTH COLLEGE

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UNDERGRADUATE TRANSCRIPT REQUEST FORM

- There is no charge for transcripts
• Transcripts are processed in the order in which they are received
• Order transcripts at least one week in advance of required mailing date
• We do not accept transcript requests via email; transcripts cannot be sent via FAX
• INSTRUCTIONS: 1. Type the information in the spaces below. 2. Print this form. 3. SIGN this form. 4. Mail or FAX form to the address above.

Last Name: _____ First Name: _____ MI: _____

Name While Attending Dartmouth: _____
(if different from above)

Class Year (or Dates of Attendance): _____ Dartmouth ID #: _____

Billing Address

Street: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country (non-US): _____

Email address: _____

Daytime Phone Number: _____

Signature (Required) _____

Today's Date (mm/dd/yyyy) _____

Please Sign, Date and Return to the Office of the Registrar via Fax or Mail

To send transcripts to multiple recipients, please complete a separate form for each recipient.

1. Number of copies. I authorize Dartmouth College to release _____ copy (or copies) of my Official Transcript.

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I will pick up the transcript(s) from the Registrar's Office in 105 McNutt Hall (no charge).

OR

Please mail via U.S. Postal Service or HB to address specified below (no charge).

OR

Send via express delivery (1-3 days) to address specified below using my credit card for payment.

For Express Delivery Only

Credit Card Type: _____

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3. Mailing address for U.S. Postal Service delivery or express delivery (no P.O. boxes for express delivery)

Name: _____

Address: _____

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4. Special Handling Options (optional)

Add Registrar's seal and signature to outside flap of envelope.

Send after _____ term grades are available (select Fall, Winter, Spring, or Summer Term).