



OFFICE OF THE REGISTRAR • DARTMOUTH COLLEGE

6014 McNutt Hall, Room 105
Hanover, NH 03755-3541
(603)646-2246 • Fax (603)646-2247
Email: Registrar@Dartmouth.EDU • www.dartmouth.edu/~reg

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.

2. Mailing Options (please select one option)

[] 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: _____

Credit Card #: _____

Expiration Date (mm/yyyy): ____/____

Security Code _____

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

Name: _____

Address: _____

City: _____ State or Province: _____

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

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).