Delaware Valley College Transcript Request Form
Office of the Registrar
700 E. Butler Avenue
Doylestown, PA 18901
Fax: 215.230.2972

DO NOT SEND CASH - all major credit cards, personal checks and money orders are accepted.

Name _____________________________________________________________________________________________
First    MI    Last
Name under which you attended, if different from above ____________________________________________________
Current Street Address (required for credit card processing) __________________________________________________
City ______________________________      State _______  Zip ____________________
DOB: _______/________/__________ Social Security #__________ - _______ - ___________ (OPTIONAL)
When should transcript be processed?
☐ Now        ☐ Hold for current semester's grades        ☐ Hold for change of grade        ☐ Hold for degree
Dates of Attendance_____________________________________  Program of Study_____________________________
If graduated:        ☐ Associate degree        ☐ Bachelor degree        ☐ Master degree  Dated conferred: Month _______ Year _______
Number of transcripts requested:  Official _______  Unofficial _______
YOUR SIGNATURE REQUIRED: ___________________________________________ Date: _______________
Contact phone number: ________________________       E-mail address:  ____________________________________
Send transcript to: __________________________________________________________
(MUST have a complete address)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
FEE
1 Official Transcript $10     Same Day Service $20 ($10 transcript fee + $10 same day
5 Official Transcripts for $35  Overnight Service $40 ($10 transcript fee + $20 same day + $10 Shipping)
10 Official Transcripts for $75
15 Official Transcripts for $110
Unofficial Transcript No Charge
☐ Check Enclosed        ☐ Money Order Enclosed        ☐ Credit Card
Credit Card #: ___________________________________________ Expiration: _____ Month _____ Year
V-Code (3 digit security code on back of card) __________________________
Cardholder's name: ___________________________________ Daytime phone number: ______________________
Cardholder's signature (REQUIRED if not student): ___________________________________________

Revised 07/22/10