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