DISTRICT OF COLUMBIA

EDUCATION LICENSURE COMMISSION

# Transcript Request Form

* **PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK.**
* Transcripts are $10 per copy. A non-refundable check or money order should be made payable to the DC Treasurer.
* Return completed form and payment to Education Licensure Commission, 810 1st St, NE, 2nd Floor Washington, DC 20002.
* Please use separate transcript request forms if you wish to send transcripts to more than one location.
* Transcripts are certified copies of the records as they appeared in the Office of the Registrar upon the school’s closing.
* Official copies, which bear the seal of the Commission, must be mailed directly to the institutions.
* Transcripts that are issued directly to students are considered unofficial copies.
* Please allow thirty (30) days for the processing of transcript requests.

**STUDENT INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Middle

**SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name While Enrolled**:\_\_ **\_\_\_\_\_\_**

**Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Suite/Apt # City/State Zip

**Phone #: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTITUTION INFORMATION**

**Institution Name**:

**Date(s) of Attendance:**  **to \_Degree/Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIL TRANSCRIPT TO**

|  |  |
| --- | --- |
| **Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address**  **\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City/State/Zip Code**  **\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | # of copies: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Need separately sealed transcripts  Mail all transcripts together  Pick-Up *(Photo ID required)* |

**STUDENT AUTHORIZATION**

You must sign and date this form in order for this request to be processed.

**Signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**