

DAWN CAREER INSTITUTE - Official Documentation Request Form

PERSONAL INFORMATION:

Last Name: _____
First Name: _____
Date of Birth: _____
Program: _____
Date of Completion: _____
Current Address: _____

Telephone Number: _____

REQUEST FOR:

_____ Copy of Official Transcripts
_____ Copy of Official Diploma/Certificate

DELIVERY INSTRUCTIONS:

_____ Hold, I will personally pick-up the documentation on _____.
_____ Mail the documentation directly to me at the above address.
_____ Send the documentation to the following address.

NO DOCUMENTATION WILL BE RELEASED FOR ANY STUDENT WHOSE FINANCIAL OBLIGATIONS TO THE SCHOOL HAVE NOT BEEN MET.

There is \$10.00 charge for each transcript or diploma/certificate. Make checks payable to Dawn Career Institute

Student Signature: _____
Date: _____

For School Office Use Only:

Fee collected by / Date: _____
Doc. Produced by / Date: _____
Doc. Given to Front Desk
or mailed by / Date: _____

Print and Mail this form, along with payment, to:

Office of Registrar, Dawn Career Institute, 3700 Lancaster Avenue, Suite 105, Wilmington, DE 19805