



## Transcript Request Form

- ◆ There is no charge for the first transcript request.
- ◆ Additional transcripts available for \$3.00 each
- ◆ Please allow 3-5 days processing time
- ◆ All financial obligations to the College must be cleared prior to the release of official records

**Send all transcript requests to:**

Davis Applied Technology College  
Transcript Request  
550 East 300 South  
Kaysville, UT 84037  
Telephone: (801) 593-2332  
Fax: (801) 593-7920

**Student Information**  Please check this box if the following information has changed.

Student ID or Social Security Number			Today's Date	
Name (please print) Last		First	Middle	
Former Name: (if applicable)				
Street Address	City	State	Zip Code	
Telephone Number	Date of Birth		Email Address	
Program(s) Enrolled In:			Dates of Attendance:	

**Recipient of Records**

Delivery Method:  Mail  Fax (Faxed transcripts are not considered official)

Pick-up Fax Number: \_\_\_\_\_ Attention: \_\_\_\_\_

Name of Organization: (If more than one address, please attach a list)		Attention:	
Street	City	State	Zip Code

Please include any special mailing instructions for this request form:

**Transactions**

_____ *First request _____ Paid copies @ \$3.00 = _____ _____ Total Copies *If the College records reflect that this is not your first request this request could be delayed.	Total Enclosed Fee: \$ _____
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If you would like to pay by credit card, please include the following:

Credit Card Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Signature:** (required to process request)

*Office Use Only*

Received On: \_\_\_\_\_ By: \_\_\_\_\_ Processed On: \_\_\_\_\_ By: \_\_\_\_\_