DALLAS INTERNATIONAL UNIVERSITY

TRANSCRIPT REQUEST FORM

Student's signature and payment of the required fee (if applicable) are necessary to complete this transcript request. This Transcript Request Form must be submitted by mail or FAX. An email is not legitimate, and no transcript will be sent by email. Transcripts are typically completed within three business days of receipt of payment. Students with an encumbrance will not be issued a transcript until the encumbrance is removed.

Name:
(First) *(Middle)* *(Last)* *(Former name-if applicable)*

Current Address:

(City) *(State)* *(ZIP code)*

Phone Number: E-mail:

Dallas Int'l I.D.# or date of birth:

Please indicate your preference:

☐ Official copy *($5.00 per copy)* *(# of copies)* ☐ Unofficial copy *(no charge)* *(# of copies)*

Dallas Int'l accepts cash or check. Make check payable to Dallas Int'l.

Please check your preference:

○ Send now ○ Hold for pick-up

○ Hold for final grades or degree

○ Other:

Purpose of transcript request:

☐ College/Graduate School ☐ Scholarship Application ☐ Employment/Ministry ☐ Insurance/Loan

☐ Other:

Send transcript(s) to: 1) 2)

Please print the name, agency, or organization and any necessary address.

Signature *(required)*: _____ **Date:** _____

NOTE: *Authentic signature is required. Please print and sign, or the request will not be honored.*

Mail requests to: **Dallas International University**
Office of the Registrar
7500 W. Camp Wisdom Road
Dallas, TX 75236

Fax requests to: **(972) 708-7396**

If you have questions about your transcript request, contact the Registrar at (972) 708-7536 or e-mail to registrar@diu.edu.

OFFICE USE ONLY: Encumbrances: ☐ No ☐ Yes - type: _____ Amount Paid: _____
If yes, enter the date when the student was notified of encumbrances: _____
Date transcript released: _____ Request completed by (initials): _____