



TRANSCRIPT REQUEST

- A transcript will NOT be processed unless your account balance is in good standing.
- This request can be faxed or mailed to the address listed here **ONLY** if you have provided all information requested in this document.
- Please allow 5-7 working days for receipt of your transcripts.
- Transcripts cannot be sent via fax or email.
- There is a \$5 processing fee for each transcript copy requested. This must be paid prior to delivery of your transcripts.

MAIL TO:

Delta Technical College
Office of the Registrar
6550 D Interstate Boulevard
Horn Lake, MS 38637

FAX TO:

(662) 393-9649

PERSONAL INFORMATION (TYPE your information below, then PRINT, SIGN, and SEND)

Last Name First Name Maiden Name (While Attending MTI)

Address City State Zip

Social Security Number* Date of Birth (mm/dd/yy) Phone#

Program Attended Graduation Date (mm/yy)

Number of Copies Requested: (\$5 fee per copy) _____

PROCESSING INFORMATION: (Check one box only)

- Process now Process after grades have been posted
 Send after graduation

REGISTRAR USE ONLY

Account in good standing: _____

Processed Date: _____

Signature: _____

DELIVERY: (Check one box only)

I will pick up my transcripts Requested Date(mm/dd/yy) _____

Mail my transcripts to: _____

STUDENT AUTHORIZATION: (Transcripts will not be released without the students signature)

I hereby authorize the release of my DTC transcripts _____

(Required student signature)

QUESTIONS? Call (662) 280-1443

*DTC requests the voluntary disclosure of your Social Security number on this form. If provided. DTC will use your Social Security number for verification of records.