



## UNOFFICIAL Transcript Request

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Print, sign and submit to [starsconnect@dom.edu](mailto:starsconnect@dom.edu)

Date of request \_\_\_\_\_ ID number \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_

Last year of attendance \_\_\_\_\_ Phone number \_\_\_\_\_

Full name while attending \_\_\_\_\_

Date of birth (if ID number not available) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Delivery options: Mail to Address below**

**Pick up on campus**


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**NOTICE:** The enclosed transcript is being forwarded on the condition that it cannot be released in whole or part to any third party without the written consent of the student in accordance with the Family Educational Rights and Privacy Act of 1974.

As required by the Family Educational Rights and Privacy Act of 1974, as amended, a **student signature is required for release of transcript.**

**X**  
\_\_\_\_\_  
Student Signature – **required/digital signature not accepted**