Academic Transcript Request Form Instructions

In order to request a transcript, please follow the steps below. **Mailed requests typically require three (3) weeks processing time.**

1. **Print and complete** the Transcript Request Form. We must have your signature in order to process your request.

2. **Mail** form to:

   Dream Center Education Holdings
   ATTN: Academic Operations Department
   1400 Penn Avenue
   Pittsburgh, PA 15222

*Please note:* If you are waiting for your degree to be posted, or for a certain class to show as completed with grade posted, you should **NOT** request your official transcript until you have verified this action is complete.

Please print legibly.

**YOUR NAME** (at time of attendance):

**CAMPUS ATTENDED:**

Student ID Number: __________________________ PHONE: __________________________

**EMAIL ADDRESS:** __________________________ Current Student: Y___N___ Former Student: Y___N___

**CURRENT Mailing Address:**

________________________________________________________________________

Dates of Attendance: __________________________ Programs/Degrees/Majors:

I hereby request and authorize the release of my academic transcript(s) as indicated below.

Signature: __________________________ Date: __________________________

Mail Transcript(s) to (if different than current mailing address above):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Internal Use Only- This area completed by the Accounting and Academic Operations Departments:

Date Received: __________ Acctg Approved: Y___ N___ Payment Processed: Y___ N___

Date Sent (if applicable): __________ Processor Initials: __________________________