



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: _____