



Dickinson Continuation Center

2805 Oak Park Drive Dickinson, Texas 77539
 main 281-229-6350 fax 281-229-6351 email PPorter@DickinsonISD.org

DCC transcript request

~FREE to enrolled DCC students~
 ~\$2.00 each for non-enrolled students and graduates~
 ~Official copies **MUST** stay sealed or they become unofficial~

Today's date	Birthdate	Social Security #	Cellphone #
___/___/___	___/___/___	___-___-___	___-___-___
First Name	Middle Name	Last Name	Maiden Name

Last year at DCC	
Graduation year	
Name of who is picking it up?	
Student's Signature (cursive)	

_____ if you would like it mailed to you, college, university, or work. Provide address below.

PAYMENT MUST BE RECEIVED BEFORE IT WILL BE MAILED!

	It is your responsibility to make sure they receive it.
Going to:	
Attention:	
Mailing Address:	
City, State Zip	

_____ if you would like to pick it up (can take up to 10 days)

PAYMENT MUST BE RECEIVED WHEN PICKED UP!

Received request on ___/___/___ **paid on** ___/___/___ **picked up/mailed on** ___/___/___