



Transcript Request

Dominican University Graduate School of Library and Information Science

Applicants should complete this request form before sending it to the registrar.

Name _____ Social Security Number _____

Other names used _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

School _____

Dates of Enrollment _____ Year _____ Degree _____

My permission is given for release of my academic transcript to the Dominican University Graduate School of Library and Information Science. This transcript must be sealed and sent to my attention.

Applicant's Signature _____ Date _____

FOR THE REGISTRAR
Please attach this form to the applicant's transcript(s) and return all materials to the applicant in a sealed envelope, signed across the seal.



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