



Denison University Transcript Request Form

Please mail, fax, or email the completed form to:

Denison University Registrar's Office
100 West College Street
Granville, OH 43023
Telephone: (740) 587-6296
Fax: (740) 297-6230
Email: registrar@denison.edu

STUDENT NAME: _____

MAIDEN/FORMER NAME: _____

DATES OF ATTENDANCE: _____

DATE OF BIRTH (if attended Denison prior to 1985): _____

SOCIAL SECURITY # OR DENISON STUDENT ID: _____

DAYTIME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

CURRENT ADDRESS: _____

PLEASE MAIL _____ TRANSCRIPTS TO THE FOLLOWING ADDRESS:

*(Signature or initials; request must be
received from DU email if initials are used)*