



# Denison University Transcript Request Form

Please mail or fax the completed form to:

Denison University Registrar's Office  
P.O. Box 713  
Granville, OH 43023  
Telephone: (740) 587-6296  
Fax: (740) 587-8388

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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)