DISTRICT OF COLUMBIA

HIGHER EDUCATION LICENSURECOMMISSION

# Closed Postsecondary School Transcript Request Form

* Transcripts are ten dollars ($10) each. Check or money order should be made payable to the DC Treasurer.
* Return completed form and payment to Higher Education Licensure Commission, 810 1st St, NE, 2nd Floor Washington, DC 20002.
* Transcripts are certified copies of records as they appeared in the Office of the Registrar upon the school’s closing.
* Official copies bear the seal of the Commission and are issued only to institutions.
* Transcripts that are issued directly to students are considered unofficial copies.
* Please allow thirty (30) days for the processing of transcript requests.

**STUDENT INFORMATION**

**Full Name:** Click here to enter text. **DOB:** Click here to enter text.

**SSN:** Click here to enter text. **Former Name**:Click here to enter text.

**Address:** Click here to enter text. **Apt #** Click here to enter text. **City/State** Click here to enter text. **Zip** Click here to enter text.

**Phone #:** Click here to enter text. **E-mail** Click here to enter text.

**ATTACH A COPY OF VALID PHOTO IDENTIFICATION.**

**INSTITUTION INFORMATION**

**Institution Name**: Click here to enter text.

**Date(s) of Attendance:** Click here to enter text. **to** Click here to enter text.

**MAIL TRANSCRIPT TO**

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| --- | --- |
| **Name**  Click here to enter text.  **Address**  Click here to enter text.  **City/State/Zip Code**  Click here to enter text.  # of copies: Click here to enter text.  Need separately sealed transcripts.  Mail all transcripts together. | **Name**  Click here to enter text.  **Address**  Click here to enter text.  **City/State/Zip Code**  Click here to enter text.  # of copies: Click here to enter text.  Need separately sealed transcripts.  Mail all transcripts together. |

**STUDENT AUTHORIZATION**

You must sign and date this form in order for this request to be processed.

**Signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date** Click here to enter text.