

# Dallas Nursing Institute

2101 Waterview Pkwy, Richardson, TX 75080 | Phone: 469-941-8300 | Fax: 214-575-9090

## Transcript Request Form

Name \_\_\_\_\_

Last Name (While enrolled)

First Name

Middle Initial

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Program \_\_\_\_\_ Graduation Date \_\_\_\_\_

***If transcript is to be sent to a third party, please provide the following information. Otherwise, your transcript will be sent to the current address above:***

Name \_\_\_\_\_

Attn \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Please allow 7 to 10 business days for delivery of transcript or information upon receipt of this request. Limited 1 transcript per request. All transcripts are official, sealed and mailed only. I give Dallas Nursing Institute permission to release my transcript as directed above:***

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

This transcript request form may be mailed or faxed to:

Dallas Nursing Institute  
2101 Waterview Pkwy., Suite 100  
Richardson TX 75080  
Fax: 214-575-9090 or registrar@dni.edu