



Dental Hygiene Program
1062 Akron Way, Bldg. 753
Denver, CO 80230

ACADEMIC RECORD REQUEST

TO THE APPLICANT: Complete the information below and send this form to the registrar of each college and university you have attended. Request one copy of your official academic record in a **SEALED** envelope. When you receive the completed form and academic records in a **SEALED** envelope, include it **UNOPENED** with the materials you submit with your application. Contact your previous schools to find out the correct fee

DO NOT OPEN THE ENVELOPE WHEN IT IS RETURNED TO YOU BY THE REGISTRAR

LAST NAME _____ FIRST NAME _____ MIDDLE _____

CURRENT ADDRESS _____

CITY, STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

NAME OF COLLEGE OR UNIVERSITY _____

SCHOOL/DIVISION ATTENDED WITHIN THE UNIVERSITY _____

DATE OF ENROLLMENT: from _____ to _____

Degree, Major, and Year

If attended under a name other than above, state other name:

TO THE REGISTRAR:

The person named here is applying for admission to the Dental Hygiene Program at the Community College of Denver. We appreciate your cooperation in our self-managed application process. Please attach a copy of the student's OFFICIAL academic TRANSCRIPT to this form and mail to the **APPLICANT** in a **SEALED** envelope.

The applicant will submit it UNOPENED to the Community College of Denver Dental Hygiene Program as part of the application packet.