

DigiPen Transcript Request Form for Skills Center Students

Use this form to request a copy of your transcript if you are a current or former Skills Center student that has earned DigiPen credits through your program. Turn in completed forms to **academy@digipen.edu**, or the DigiPen Front Desk.

Date of Request: _____

Student's Full Name: _____ **Email Address:** _____

Contact Phone: _____ **School Year(s) Enrolled:** _____

SUBJECT:

Video Game Programming Art and Animation Music and Sound Design

SELECT YOUR SKILLS CENTER:

WANIC Puget Sound Skills Center Pierce County Skills Center New Market Skills Center

Official transcript Unofficial transcript

UPON COMPLETION:

I will pick up transcript at DigiPen

Email transcript to: _____

Mail transcript to:

Name/Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

COMMENTS:

Student Signature: _____ **Date:** _____

Parent Signature*: _____ **Date:** _____

*Parent signature is required only when a minor is requesting the transcript to be sent to another institution.