



TRANSCRIPT REQUEST FORM

Mail this completed form to:
DMACC Transcript Dept.
2006 S. Ankeny Blvd., Bldg. 1
Ankeny, IA 50023-3993
Or fax to: 515-965-7111

PART 1 Student Information

(Please Print)

DMACC ID or SSN

(ALL FIELDS ARE REQUIRED)

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Name _____ (Last) _____ (First) _____ (M)

Former Last Name(s): _____

Street/Box No. _____ (Apt.) _____

City/State/Zip: _____

Telephone: (____) _____ Birth Date: ____/____/____
Month Day Year

Did you attend DMACC prior to 1978? Yes No

Did you earn your high school diploma through DMACC? Yes No

Type of Transcript Requested: Credit Noncredit Both

Issue Transcript Now: Yes No (If no, transcript will be issued after grades are recorded.)

PART 2 Transcript Information

Transcripts will be mailed free of charge. There is a \$5.00 per transcript charge for faxing. **NOTE: After grades are available on the web and for 2 weeks following, faxing or 24 business-hour processing is NOT available. Normal processing time is 3-4 business days once requests are received. Incomplete requests may not be processed.**

*You are responsible to determine if all grades/awards are confirmed before transcripts are mailed.

PART 3 Send Transcript

Please mail an official copy of my transcript to:

College/Business: _____

Attn: _____

Mailing Address: _____

City/ST/Zip: _____

Check here if you want a student copy sent to my address printed in Part 1 of this form.

Check here if you want to *pick up* a student copy. (Processed within 48 business hours)

Fax #: _____ (\$5.00 charge)

PART 4 Payment for Faxes

TYPE OF PAYMENT: Master Card VISA Discover Check (must be enclosed with request)

Card Holder Name: _____ Day Time Phone #: _____

Account Number: _____ Exp. Date: _____

Total Amt. Charged: \$ _____

PART 5 Student Authorization (Your signature is required to release a copy of your transcripts.)

I authorize DMACC to send my transcript as outlined above.

(Student Signature)

(Date)