

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

**Transcript Information**

*Incomplete requests will not be processed.*

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.**

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

**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

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

**PART 2 Send Transcript (ALL FIELDS ARE REQUIRED)**

**Please mail an official copy of my transcript to:**

College/Business: \_\_\_\_\_  
\_\_\_\_\_

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 #: \_\_\_\_\_ (*faxed transcripts considered unofficial by receiving institution*)

**PART 3 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 4 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)