



# CAREER ADVANTAGE 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  
Or email request form to: [transcripts@dmacc.edu](mailto:transcripts@dmacc.edu)

## 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

Issue Transcript Now:  Yes  
 No (If no, transcript will be issued after grades are recorded which is early February for the fall semester and mid-June for the spring semester. You are responsible to determine if all grades/awards are confirmed through myDMACC before transcripts are mailed.)

## PART 2 Transcript Information

Transcripts will be mailed free of charge. **NOTE: Processing time is 3-4 business days once requests are received. After grades are available on the Web, processing time may take longer. Incomplete requests will not be processed.**

## PART 3 Send Transcript

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

1) College/Business: \_\_\_\_\_

Attn: \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_

2) College/Business: \_\_\_\_\_

Attn: \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_

3) College/Business: \_\_\_\_\_

Attn: \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_

## PART 4 Student Authorization (Your signature is required to release a copy of your transcripts. DMACC does not accept electronic signatures.)

I authorize DMACC to send my transcript as outlined above.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)