



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

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)