

Mail this completed form to:
DMACC Transcript Dept.
2006 S. Ankeny Blvd., Bldg. 1
Ankeny, IA 50023-3993
Or Fax: 515-965-7111
Or Email Form: transcripts@dmacc.edu

Transcript Information
Incomplete requests will not be processed.

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. (During peak times there is NO special processing).**

***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 Adult 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 Send Transcript (All Fields Required)

Please mail a copy of my transcript to:

College/Business: _____

Attn: _____

Mailing Address: _____

City/ST/Zip: _____

Please mail a 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.

PART 3 Student Authorization (Your **signature is required** to release your transcripts.) *DMACC Does not accept An Electronic signature.*

I authorize DMACC to send my transcript as outlined above.

(Student Signature)

(Date)