



BACKGROUND REQUEST FORM

Requestor Information:

Name: _____ OR Business Card Attached:

Address: _____

Phone: _____ Fax: _____

If Requestor is sub-contractor, please provide agency requesting information:

Name: _____

Address: _____

Student Information:

Name: _____

SS# or DMACC ID# _____ Birth Date: _____

Signed Release of Information attached (will not be processed without this)

Information Requested:

- Dates of Enrollment: Part Time Full Time Disciplinary Records/Action
- Transcript: Credit Non-Credit Public Safety
- Graduation Verification Major Other _____ (Be specific)

Method of Return: (In most cases requests are processed in 2-3 business days. You will be notified via telephone if document(s) is not available within this time frame.) (No partial processing of request)

- Fax: _____ (only if transcripts are not requested)
- Mail (will be mailed to address above)
- Pick up: Date: _____ Time: _____

Signature _____ Date: _____

For Office Use Only



- Date processed: _____
- FERPA statement attached
- Banner documented