

DMACC Adult Diploma TRANSCRIPT REQUEST FORM

Mail this completed form to:
DMACC High School Completion Center
2006 S. Ankeny Blvd., Bldg. 17, Rm. 5
Ankeny, IA 50023-3993
Or Fax: 515-964-6632

Or Email Form: lmstubbs@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.

PART 1 Student Information (Please	Print)	
DMACC ID or SSN (ALL FIELDS	ARE REQUIRED)	
	ARE REGUIRED	
Name		
(Last)	(First)	(M)
Former Last Name(s):		
Street/Box No.	(Apt.)	
City/State/Zip:		
Telephone: (Birth Date://	y Year
Did you attend DMACC prior to 1978?	☐ Yes ☐ No	
Did you earn your Adult High School diploma through DMACC?	☐ Yes ☐ No	
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 pr	inted in Part 1 of this form.	
PART 3 Student Authorization (Your signature is required authorize DMACC to send my transcript as outlined above.	uired to release a copy of your t	ranscripts.)
(Student Signature)	(Date)	