



TRANSCRIPT REQUEST FORM

Student Information (please print clearly)

Please DO NOT alter form. We reserve the right to reject any form that is altered in any way!

* ID# or Last four of SSN _____

* Name _____
Last First M

* Former Last Name(s) _____

* Street/Box /Apt. No. _____

* City, State, Zip _____

* Cell Number (____) _____ - _____ *Birth Date ____/____/____
Month Day Year

* Email Address _____

(May we use the above information to update your address, phone or email at Iowa Central? (____Y ____N)

* Did you attend Iowa Central before 2004? ____Y ____N

* Type of transcript requested: ____ Credit ____ Non-Credit (Community Education)
(GED transcripts are only available through the State of Iowa at www.diplomasender.com)

* Issue Transcript: ____ Now ____ After grades are posted ____ After degree is posted

(Please fill out a separate request for each recipient)

____ **Mail** Transcript (please mail Official to):
College/Business/Individual _____
Attention (optional): _____
Mailing Address _____
City, State, Zip _____

____ **Pick Up** Transcript at Student Records (must be picked up within 30 days – Photo ID required)

____ **Fax to:** _____ Fax # _____
(Faxed transcripts are Unofficial)

- ✓ We **DO NOT** email transcripts via this form!
- ✓ Official transcripts will **NOT** be released if you have a past due balance at Iowa Central.
- ✓ Transcripts are mailed **FREE OF CHARGE**.
- ✓ If you have an attachment that needs to go with your transcript, please note in Comment Box and email to:
studentrecords@iowacentral.edu

Comment Box:

*Signature Required: _____ *Date _____
(DO NOT type name)

*** Mail to: Iowa Central Community College, Student Records, One Triton Circle, Fort Dodge, IA 50501**
OR * Email to: studentrecords@iowacentral.edu OR * Fax to: 515-576-0826