



2302 SW 3<sup>RD</sup> Street  
Ankeny, IA 50023  
Tel: (515) 289-9200  
Fax: (515)289-9201

A request for a transcript should be submitted to the Registrar's Office via U.S. Mail, in person or by fax. Telephone requests are not accepted.

**TRANSCRIPT REQUEST FORM**

(Processed in 3-5 working days)

Last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Former names \_\_\_\_\_

Last attended \_\_\_\_\_ Graduation date \_\_\_\_\_ Daytime phone \_\_\_\_\_

**(If requesting by fax, include the following credit card information)**

**CREDIT CARD INFORMATION**

Cardholder name (as it appears on the card) \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Type of card:     Visa     MasterCard    CVS \_\_\_\_\_  
last three numbers on back of card

Current Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Attach a check or money order (or the above credit card information) for **\$5** for each transcript requested  
..... \$5 (x) \_\_\_\_\_ = \_\_\_\_\_

**(If requesting any special handling, include the following)**

Send overnight express (additional fee: \$16.25) ..... \_\_\_\_\_

**TOTAL.....** \_\_\_\_\_

**SEND TRANSCRIPT TO THE FOLLOWING ADDRESS: (INCLUDE PERSON AND/OR DEPARTMENT)**

School, Church, or Company \_\_\_\_\_

Person and/or Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Mail to:** Registrar, 2302 SW 3<sup>rd</sup> Street, Ankeny, Iowa 50023

**Fax to:** 515-289-9201

Date \_\_\_\_\_ Signature \_\_\_\_\_