

Completion Date _____
Office Use: Do not write in this area

Name _____

Year of Graduation _____

Date of Birth _____

Today's Date _____

Transcript Request

Select one or more of the following options:

- I will **pick up** a transcript in the Guidance office.
- Send a transcript to "**Office of Admissions**" @ the following **college(s)** -- we know the address (you may choose more than one).

- | | |
|--|-------------|
| <input type="radio"/> Central College | Pella |
| <input type="radio"/> Drake University | Des Moines |
| <input type="radio"/> DMACC | Ankeny |
| <input type="radio"/> Grandview | Des Moines |
| <input type="radio"/> ISU | Ames |
| <input type="radio"/> Mercy College | Des Moines |
| <input type="radio"/> Simpson College | Indianola |
| <input type="radio"/> University of IOWA | Iowa City |
| <input type="radio"/> UNI | Cedar Falls |

- Send a transcript to the **college(s)** or **university(s)** or **home** or **other location** listed below (please provide an address if you have one – we MUST have at least a city and state).

Name of College or Home or Other (scholarship, etc)	Address (if available)	City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Signature _____

NOTE: It may take several days for us to process your transcript. **Plan ahead!**