

Transcript Request

ELECTRONIC TRANSCRIPTS: If you would like to request that your transcript be sent electronically, please submit a request using the following link: <u>www.delmar.edu/transcripts</u>. **Electronic transcripts are typically processed in one day. IF YOU SUBMIT YOUR REQUEST ELECTRONICALLY, YOU DO NOT NEED TO COMPLETE THIS FORM.**

Name: Last:	First:	Middle:	
Other name under which you	u may have been enrolled:		
Student ID/SSN:	Date of Birth:	Phone:	
Years of Attendance (ex. 1989	9 to 2021):Email	Address:	
Current Address:			
Street:	City:	State:	Zip:
Number of official transcript	s requested:		
	ation when transcript is ready to pi he close of business the day after y	-	
\Box Please check box if someon	ne OTHER than yourself will be pick	king up your transcrip	t.
I give permission to	the individual named below to	pick up my transcr	ript:
Name:	Date of Birth:		
(Note: This individual v	vill be required to present a state i	ssued ID prior to rece	iving your transcript.)
Mail to address listed abo	ve.		
\Box Mail to name/institution I	isted and address listed below:		
1) Name/Institution:			
Street:	City:	State:	Zip:
2) Name/Institution:			
Street:	City:	State:	Zip:
Signature:		Date:	
or Mail: Office of the F	may be submitted by Fax: 361-69 Registrar, Del Mar College, 101 Ba East (Harvin Center Rm 270) or	lldwin Boulevard, Co	rpus Christi, TX 78404

These requests take 7-10 business days to be processed.