

This signed form may be submitted by Fax: 361-698-1857 or Email: reginfo@delmar.edu  
or Mail: Office of the Registrar, Del Mar College, 101 Baldwin Boulevard, Corpus Christi, TX 78404  
or delivered, in person, to East (Harvin Center Rm 270) or West (Coleman Center Rm 128) Campus Office



## Transcript Request

Full Name (Last, First, Middle): \_\_\_\_\_

Other Names under which you may have been enrolled: \_\_\_\_\_

Student ID/SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Years of Attendance (ex: 1989 to 2010): \_\_\_\_\_

Current Address (Street, City, State, ZIP): \_\_\_\_\_

Number of Official Transcripts Requested: \_\_\_\_\_

\*Call above number to pick up (Please Note: Photo Id required for pick up). \*Transcripts not picked up by the close of business on the day following the call for pickup will be mailed to the address on the form

Mail to address listed above

Mail to name/institution and address listed below:

1) Name/Institution: \_\_\_\_\_

Address (Street, City, State, ZIP): \_\_\_\_\_

2) Name/Institution: \_\_\_\_\_

Address (Street, City, State, ZIP): \_\_\_\_\_

Hold for Current Semester grades to be posted:

Term:  Fall  Spring  Summer Year: \_\_\_\_\_

Hold for degree to be posted:

Term:  Fall  Spring  Summer Year: \_\_\_\_\_

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

Office Use Only

Record Clear:  Yes  No

Notes: \_\_\_\_\_

Process By: \_\_\_\_\_ Processed Date: \_\_\_\_\_