

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: _____