Transcript Request Form

Ellsworth Community College 1100 College Ave. • Iowa Falls, IA 50126 641-648-4611 • 800-322-9235 • Fax 641-648-3128 EllsworthCollege.com ecctranscript@iavalley.edu

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Print this form, please print to complete information, sign, provide payment and return to Ellsworth Community College at the address, fax number or e-mail above. Requests received by fax or email must be paid by debit/credit card. Transcripts will not be issued for students who have unpaid financial obligations to the College. Requests with same-day processing will be processed internally and mailed out using the U.S. Mail. Contact us to make arrangements if rush delivery is needed.

PERSONAL INFORMATION		
	gnature Required D	ate
Name	ECC ID# or Social Security #	
Maiden or Former Name(s)	Date of Birth (mm/dd/yyyy)	
PO Box/Street Address	Phone	
City, State Zip	E-mail	
DELIVERY INFORMATION	neck one: Send now Send at end of term Hold for degree	
Check one method:	Cost (per copy) Qty Tota	I
U.S. Mail (3-5 day processing)	\$5.00	
U.S. Mail (same day processing)	\$15.00	
Fax Delivery (unofficial)	\$30.00	
Fax # (we will also send an official c	ia U.S. Mail)	
In Person (photo ID required)	\$15.00	
If mailing to your address, is this request for an If no, all transcripts sent directly to the	demic institution? I Yes I No I N/A ent will be unofficial and stamped "ISSUED TO STUDENT"	
If mailing, send transcript(s) to:		
Attention (optional)		
Institution/Business/Individual		
PO Box/Street Address		
City, State Zip Code		
PAYMENT INFORMATION		
🗆 Cash 🗅 Check 🗅 MasterCard 🗅 Visa		
Card Number		
Expiration Date (mm/yyyy)		
AVS Code (3 digit code on back of card)		