TRANSCRIPT REQUEST FORM
Print and fax to: (361) 881-8742, Attn: Registrar's Office
Or email to: trevinos@iwacc.org

Today's Date_____

Student's Name While Enrolled at IWA_____

D.O.B._____ Last four digits of students' social sec. #_____

Requestor's Address (please print)_____

City, State, Zip_____

Telephone Number_____Fax #_____

Email address _____

IWA Graduation Class of_____CCA Graduation Year_____

- *$1.00 processing fee required at time of request.*
- *Transcript Envelopes must remain sealed in order to be considered official.*
- *Transcript must have an IWA raised seal in order to be considered official.*

IWA/CCA Non-Graduate Year(s) attended date range_____-_____

Number of Transcripts requested _____ _____
Official Unofficial

Include Unofficial Test Scores? Yes____ No____

- *(Official test scores must be requested from College Board)*

(Check one) ___I will pick up ___Forward to Counselor
___Mail to address below ___Mail to school(s) listed below

_____
School or College

_____
Street or P.O. Box City State Zip Code

_____
School or College

_____
Street or P.O. Box City State Zip Code

_____
School or College

_____
Street or P.O. Box City State Zip Code