



## Iowa Western Community College Transcript Request

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

Student ID Number or  
Social Security Number \_\_\_\_\_

Phone \_\_\_\_\_

Presently Enrolled at IWCC – Yes (  ) No (  )

\_\_\_\_\_ Send Now

\_\_\_\_\_ Send after Final Grades – (  )FA (  )SP (  )SU

Are you currently a high school student? (  )YES (  )NO

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send my transcript to: (Print only)

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Mail request to:  
Iowa Western Community college  
Registrar's Office  
2700 College Road  
Council Bluffs, IA 51503  
Or Fax request to:  
(712)325-3720