



Request for Educational Records Investigation

Date: _____

Name (Please Print): _____

Former Name (If applicable) _____

SS# or DMACC ID# _____ Birth date: _____
(month/day/year)

Address: _____

Please describe your concern. Include detailed information – dates, times, people involved, etc. Attach pertinent documentation.

Signature _____ **Date:** _____

Return this form to: Des Moines Area Community College
Academic Records
2006 S. Ankeny Blvd, Bldg. 1
Ankeny, IA 50023-3993

DMACC will make every effort to complete an investigation as quickly as possible. This may take up to 45 business days. You will be notified of the investigation results via US mail.