



Office of the Registrar
 2507 University Ave
 Des Moines, IA 50311-4505
 Phone: (515) 271-2025
 Email: registrar@drake.edu
 Fax: (515) 271-3977

Use this form to request information prior to 1965

Drake University requires payment for academic research at the time a request is submitted. Payment can be made by credit card, check or cash. The request should be submitted to Student Accounts via U.S. Mail, in person or by fax. E-mail requests must be sent to registrar@drake.edu. **E-mail and faxed requests will only be accepted with appropriate credit card information.** Only MasterCard, Visa, or Discover are accepted.

Mail to: Office of Student Accounts; 2507 University Ave; Des Moines, IA 50311

In person: 104 Old Main, Drake University

Email: registrar@drake.edu

Fax to: 515-271-3977

REQUEST FOR ACADEMIC ARCHIVE INFORMATION

INFORMATION REQUESTED ABOUT:

NAME _____
LAST FIRST MIDDLE

FORMER NAME(S) _____ **DATE OF BIRTH** _____

STUDENT ID NUMBER (or SSN) _____ **CITY OF BIRTH** _____

LAST ATTENDED _____ **GRAD DATE** _____ **DEGREE AWARDED** _____

REQUESTOR INFO _____
FULL NAME

STREET ADDRESS

CITY / STATE / ZIP CODE

Email

SEND INFORMATION TO THE FOLLOWING ADDRESS: (INCLUDE PERSON AND / OR DEPARTMENT)

INSTITUTION OR COMPANY DAYTIME PHONE NUMBER () -

PERSON AND / OR DEPARTMENT

STREET ADDRESS

CITY STATE ZIP CODE

ACADEMIC RESEARCH FEE TO BE PAID: **\$25**

DATE _____ **SIGNATURE** _____

CREDIT CARD INFO _____
(ALL FIELDS REQUIRED) CARD NUMBER EXPIRATION DATE LAST 3 DIGITS ON BACK

CARDHOLDER NAME (AS IT APPEARS ON CARD) CIRCLE: VISA MASTERCARD DISCOVER

CARDHOLDER BILLING ADDRESS () CARDHOLDER PHONE NUMBER

CITY STATE ZIP CODE