

# Transcript Request Form

Student #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Contact #: \_\_\_\_\_  
Former or maiden name

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

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

Birth date: \_\_\_\_\_

Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Legal Signature Required Date

Mail transcript to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Registration and Records Services  
2111 Emmons Rd. Jackson, MI 49201  
517.796.8425 • Fax 517.796.8446

Number of transcripts requested: \_\_\_\_\_

- Please verify MACRAO requirement and post the General Transfer Certificated to my transcript, if applicable
- Mail with attached document

PLEASE CHECK ONE:

- Mail immediately
- I will pick up
- Hold for grades
- Hold for degree

Term: \_\_\_\_\_

Term: \_\_\_\_\_