

TRANSCRIPT REQUEST FORM

Last Name First Name MI USciences ID# or Social Security

Name under which you attended, if different from above. _____

Check one or both

____ Did you attend any semesters prior to 1988?

____ Did you attend any semesters starting in 1988 or later?

When should transcript be processed?

____ Now

____ Hold for current semester's grades.

____ Hold for change of grade-indicate course _____

____ Hold for degree.

There is a \$6.00 fee for each Official Transcript. Please indicate the number of copies: _____
(we do not accept payment by credit card)

Please sign here for release of transcripts _____ **Date** _____

Your contact number: (____) _____ E-mail address _____
Area code

SEND TO:

Enter Address below:



or **CHECK here to PICK UP:** _____

(pickup available after 12noon the next business day unless specified otherwise)

NAME: _____

ADDRESS: _____

Sample Address Format: **ATTN: Mr./Mrs. America**
 USA Enterprises, Inc.
 123 Anywhere Road
 Anywhere, USA 12345

OFFICE USE ONLY

Pd \$ _____ Date _____

Initials _____