



Transcript Request Form

Office of the Registrar ~ 5057 Woodward, Fifth Floor ~ Detroit, MI 48202
 Phone: (313) 577-3531, Option 2 ~ Fax: (313) 577-0945

Official transcripts will not be released until all financial obligations to the university have been satisfied.
 The first 10 transcripts each calendar year are free; \$5.00 per copy thereafter.

STUDENT INFORMATION

All blocks in student section MUST be completed – PLEASE PRINT LEGIBLY

Student ID or SSN	Last Name	First Name	Middle
Complete Mailing Address – Street, City, State, Zip			
Previous Names	What years did you attend?	Did you attend any of the following? ___ Law School ___ Medical School ___ Junior Year in Munich	
E-mail Address		Birthdate MM/DD/YY	Daytime Phone

TRANSCRIPT HANDLING INSTRUCTIONS

- | | |
|---|--|
| <p><i>Return this form by Fax, Mail, or In Person</i></p> <p><input type="checkbox"/> Please mail my transcript(s) to the recipient(s) below (please check type and quantity)</p> | <p><i>In Person Options (5057 Woodward, Fifth Floor)</i></p> <p><input type="checkbox"/> I would like an official copy of my transcript* NOW</p> <p><input type="checkbox"/> I would like an unofficial copy of my transcript* NOW</p> |
|---|--|

MAILING INFORMATION

List the complete mailing address(es) of where you would like your transcript(s) sent to. **PLEASE PRINT LEGIBLY.**
 Include Recipient Name, Complete Street Address, City, State and Zip.

Recipient #1	Recipient #2
_____	_____
_____	_____
_____	_____
_____	_____
Check One: <input type="checkbox"/> Official <input type="checkbox"/> Unofficial Quantity: _____ (#)	Check One: <input type="checkbox"/> Official <input type="checkbox"/> Unofficial Quantity: _____ (#)

Student Signature X _____ | **Date** _____

Most transcript requests are processed within one (1) business day of receipt. Your signature on this form authorizes the release of your transcript as well as our ability to communicate with you about this request via e-mail or phone. Forms without signatures will not be processed. Students are responsible for providing accurate address information for recipients.
 *Some transcripts may not be available for immediate release at the service counter.

For Office Use Only: (circle) Banner Combined Paper | Imaged Not Imaged | Staff Initials _____ Date _____