



Transcript Request Form

Mail/Fax to: Records and Registration Office
5057 Woodward, Fifth Floor
Detroit, MI 48202
Phone: (313) 577-2100
Fax: (313) 577-0945

Drop Off: Student Service Center Lobby
Welcome Center
42 W. Warren
Detroit, MI 48202
Phone: (313) 577-2100

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 Last Four of 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? <input type="checkbox"/> Law School <input type="checkbox"/> Medical School <input type="checkbox"/> Junior Year in Munich <input type="checkbox"/> Merrill Palmer	
E-mail Address	Birthdate MM/DD/YY	Daytime Phone	

TRANSCRIPT HANDLING INSTRUCTIONS

Return this form by Fax or Mail

- Please mail my transcript(s) to the recipient(s) below (please check type and quantity)

In Person Options (Welcome Center, First Floor)

- I would like an **unofficial** copy of my transcript NOW
- Please send my **official** transcript to address below

MAILING INFORMATION

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

Recipient #1

Recipient #2

email*:

Check One: Official Unofficial Quantity: _____ (#)

email*:

Check One: Official Unofficial Quantity: _____ (#)

Date

Student Signature X

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.

*When possible, official transcripts will be transmitted electronically. Recipients will receive an email with instructions for retrieval.

For Office Use Only:

Holds Present: Y N Hold Type(s) _____ Mgr Initials _____ | Staff Initials _____ Date _____