



Transcript Request Form

Print, **sign** and send request to the attention of : Business Office – 1011 Aldon St SW
Wyoming, MI 49509 or by **Fax: 616.538.0599**

Transcripts will be sent within 1 or 2 business days. Satisfactory financial status is required before transcripts are sent. Transcripts reflect a student's entire academic record and include all courses taken and degrees earned.

Name: _____ Today's Date: _____

Last 4 digits of SS #: _____ Date of Birth: _____

Maiden/Former Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (daytime): () _____

Legal Signature: _____

Type of Transcript Desired:

_____ Official _____ Unofficial (no charge)

Number of Copies: _____

You would like your transcript to be (choose one):

- _____ Picked up at the Business Office
- _____ Mailed as soon as possible
- _____ Mailed after current semester grades are posted
- _____ Mailed after degree is posted

Please identify the office or person to whom this transcript is being sent. You are responsible to provide the correct mailing address:

Address: _____

Payment of **\$5.00** per copy must be received before the transcript process can begin. Payment options: cash, check, or credit card (i.e. Visa, MasterCard, or Discover). **When faxing your request, please include credit card number, expiration date, and security code information.**

_____ Visa _____ MasterCard _____ Discover #: _____

Expiration Date: _____ Security Code: _____

Business Office Use: Amount Paid: _____ Date Mailed: _____