

Transcript Request Form



Office of the Registrar • PO Box 40010 • Lansing, MI 48901-7210
 phone: 517-483-1200 • fax: 517-483-9858

Please note: *Transcripts will NOT be issued if holds are on a student account. Student is responsible for clearing all holds before submitting transcript request. Orders with incomplete information and/or insufficient payment will NOT be processed. Normal Transcript processing time is 3 – 5 business days upon receipt; 15 business days at the end of a semester.*

TRANSCRIPT FEE - \$5.00 PER COPY

CURRENT INFORMATION		
Last Name	First Name	Middle Initial
Street Address		
City	State	Zip Code
Home Phone	Work Phone	
Student ID Number	Social Security Number	
Previous Name Used	Date of Birth	

Visa or MasterCard Payment	
Card Number	
Exp. Date	\$
Name on Card	

 Signature of Card Holder

SPECIAL INSTRUCTIONS	
Number of Transcripts Requested:	<input type="checkbox"/> Mail Immediately
<input type="checkbox"/> Mail after posting of current semester grades (circle one): Fall Spring Summer	
<input type="checkbox"/> Mail after posting of certificate/degree (list title of degree).	
<input type="checkbox"/> Hold for Grade Change (list course):	<input type="checkbox"/> Pick Up (Student only with ID)
<input type="checkbox"/> Other Instructions:	

Note: Transcripts issued to student are not official, and may not be accepted for transferring purposes.

OFFICE USE ONLY
<input type="checkbox"/> No Hold – Release Transcript
<input type="checkbox"/> Hold – Financial Obligation
<input type="checkbox"/> Date Notified _____
<input type="checkbox"/> Date Processed _____

WHERE TRANSCRIPT IS TO BE SENT
Name
Complete Address

Note: Additional addresses may be listed on the back of this request form.

 Signature of Student

 Date