

**Please complete, print, sign and return this form with your payment. Thank you.**

We cannot send any transcripts unless this form is completed in its entirety. Allow 5-7 business days for processing.

**Request**

- Transcript** Cost of a transcript is **\$3.00** per copy    Number of copies: \_\_\_\_\_
- Diploma** Cost of a diploma is **\$10.00** per copy    Number of copies: \_\_\_\_\_

**Student information**

Student Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Year Graduated \_\_\_\_\_ Program \_\_\_\_\_ Class # \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Send to:**

- Self**     Mail to above address     Email to above address     Fax to this number \_\_\_\_\_
- Company Name** \_\_\_\_\_  
 Attention/Department \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- College Name** \_\_\_\_\_  
 Attention/Department \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Payment** Specs Howard accepts money order and credit card payments for transcript request fees. Cash and personal checks will not be accepted.

- Money Orders** Make payable to The Specs Howard School of Media Arts
- Credit Card**     Visa     Mastercard     American Express     Discover  
 Name on Card \_\_\_\_\_  
 Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Billing Zip Code: \_\_\_\_\_ Security Code \_\_\_\_\_

**Mail request form and payment to:** The Specs Howard School of Media Arts  
 Attn: Student Success - Transcript Request  
 19900 W. 9 Mile Road, Southfield, MI 48075

**OR, fax this form along with the credit card information to:**  
 (248) 746-9772

**OR, to submit by email, or if you have any questions, send to:**  
 transcripts@specshoward.edu

I authorize the release of the above information.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Student signature authorizing issuance of transcripts and permissions as noted

**For Office Use Only**

Payment Processed

\_\_\_\_\_ credit card auth. code

Transcript Request Complete

- mail
- email
- fax
- in person

Completed by \_\_\_\_\_

initials \_\_\_\_\_

Date \_\_\_\_\_