

TRANSCRIPT REQUEST FORM

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

We cannot send a	ny transcripts unles	ss this form is complet	ted in its entir	ety. Allow 5-7 busin	ness days for processing.
Request					
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Send to:					
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(248) 746-9772					□ email
OR, to submit by email, or if you have any questions, send to:					☐ fax
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I authorize the rele	ease of the above in	formation.			,
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Student signature authorizing issuance of transcripts and permissions as noted					Date