

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 _____