Macomb Community College
Education • Enrichment • Economic Development

MCC TRANSCRIPT REQUEST

PLEASE PRESS FIRMLY— 2 PART FORM USE SEPARATE FORMS FOR EACH REQUEST

FOR OFFICE USE ONLY

Reviewed by: _____ ☐ Check for MACRAO

☐ Address changed ☐ Name changed

■ **CHECK ONE BOX:**

☐ Forward transcript to address on bottom of form (no fee)
Allow 3 Business days for processing

☐ Transcript On-Demand ($5.00 fee)

■ **CHECK ONE BOX:**

☐ Transcript sent to another college, company, or agency

☐ Transcript issued to student (transcript will be stamped "Issued to Student")

■ **CHECK APPROPRIATE BOXES BELOW:**

☐ Academic (credit classes)

☐ Check for MACRAO

☐ Non-academic credit (Workforce & Continuing Ed)

☐ NUMBER of transcripts requested

☐ Separate envelopes (if more than one requested)

☐ HOLD FOR PICK UP ON:

_____

☐ HOLD until certificate or degree is posted (Academic ONLY)

☐ HOLD until current term grades are posted

☐ Fall

☐ Winter

☐ Spring /Summer

PLEASE NOTE: **Transcripts are not faxed**

7-DIGIT MACOMB I.D. NO. **OR** STUDENT I.D. NUMBER (SOC. SEC. NO.)

LAST NAME (SPACE) FIRST (SPACE) MIDDLE INITIAL

PRIOR LAST NAME

If you have a name or address change since you last attended Macomb, you must include a copy of your driver's license (front and back) to up-date your academic record.

STREET NUMBER (SPACE) STREET NAME OR P.O. BOX

ADDITIONAL ADDRESS INFORMATION APT., etc.

CITY STATE ZIP CODE

COUNTY WHERE YOU RESIDE

AREA CODE HOME PHONE

AREA CODE BUSINESS PHONE

AREA CODE CELL PHONE

MO DAY YEAR
DATE OF BIRTH

EMAIL ADDRESS

Bring or mail your completed form to:

MACOMB COMMUNITY COLLEGE
CENTER CAMPUS
ENROLLMENT OFFICE G 120
44575 Garfield Rd.
Clinton Twp., MI 48038-1139

MACOMB COMMUNITY COLLEGE
SOUTH CAMPUS
ENROLLMENT OFFICE G 301
14500 E. 12 Mile Rd.
Warren, MI 48088-3896

NOTE: IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, TRANSCRIPTS CAN BE RELEASED ONLY UPON **WRITTEN** AUTHORIZATION OF THE STUDENT.

X _____

STUDENT SIGNATURE AUTHORIZING ISSUANCE OF TRANSCRIPTS IS REQUIRED

_____

DATE

Please forward transcript to: (please print)

STUDENT IS RESPONSIBLE FOR **COMPLETE** ADDRESS.