

**Request for Official Transcript to be sent to
Macomb Community College**

Please send a copy of my, _____, official transcript to:
Student's name (please print)

South Campus

Center Campus

**MACOMB COMMUNITY COLLEGE
SOUTH CAMPUS
ENROLLMENT SERVICES, G-301
14500 E. 12 MILE ROAD
WARREN, MI 48088-3896**

**MACOMB COMMUNITY COLLEGE
CENTER CAMPUS
ENROLLMENT SERVICES, G-120
44575 GARFIELD ROAD
CLINTON TWP., MI 48038-1139**

I have enclosed \$_____ to cover the cost.

Last date of attendance _____

Graduated ___NO ___YES

Social Security Number/Student ID Number _____

Date of Birth _____

Home address: _____

Home phone: (____) _____ - _____

Other names under which your school records might be filed: _____

Student's signature: _____ Date: _____