



NON-CREDIT AND MACRAO/MTA TRANSCRIPT REQUEST FORM

STUDENT INFORMATION

Macomb User ID # or Last 4 Digits of your SSN		Birthdate	
Student Name <i>*Name or address change requires driver's license front and back</i>		Former Last Name	
Street Address	City	State	Zip
Email Address		Phone #	

TRANSCRIPT INFORMATION

Check One Box <input type="checkbox"/> Transcript sent to another college, company, or agency <input type="checkbox"/> Transcript issued to student—(will be stamped issued to student) <input type="checkbox"/> Transcript On-Demand (\$5.00 convenience fee) OFFICE USE: Receipt # _____	Special Instructions <input type="checkbox"/> Check for MTA <input type="checkbox"/> Check for MACRAO (for students enrolled prior to Fall 2014) <input type="checkbox"/> Attachments included <input type="checkbox"/> Additional transcripts # _____ <input type="checkbox"/> Separate envelopes
Type of Transcript Requested <input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit <input type="checkbox"/> Both	Hold Transcript <input type="checkbox"/> Degree posted <input type="checkbox"/> Current semester grades are posted
Mail Transcript to Following Address— Full Name/Address (please print):	
Example: Oakland University Attn: School of Nursing 444 O'Dowd Hall Rochester Hills, MI 48309	_____ _____ _____ _____

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

Signature <i>(student signature authorizing issuance of transcripts is mandatory)</i>	Date
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Transcript requests can be mailed/faxed/scanned and emailed or delivered in person. Please allow 3 business days for processing. Official/unofficial transcripts cannot be faxed or emailed.

South Campus: G Building, Room 224 14500 E. 12 Mile Road Warren, MI 48088-3896 (P): 586.445.7999 (F): 586.445.7140	Center Campus: G Building, Room 110 44575 Garfield Road Clinton Township, MI 48038-1139 (P): 586.445.7999 (F): 586.226.4787
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records@macomb.edu