

Fax information to: 313-927-1262

TRANSCRIPT REQUEST

Fill out this form to get transcript(s).	Today's c	late/	/		
Your information:					
Last Name		First Name			
Address		City		State Zip	
Telephone ()					
Social Security Number	or Stude	nt ID No			
My records might also be under this na	me				
Signature					
Check the appropriate box:					
1. Division of College attended:	2. Classification:	oot	3. Time		
UndergraduateGraduate	☐ Current stude☐ Graduate. cla	ent ass year	0	Mail transcript immediately Mail after current grades have posted	
		year		Mail after degree has posted	
				I will pick up the transcript	
Where should transcript(s) be sent:					
1. Name					
Address		City			
City		State	·	Zip	
State Zip					
		4. Name			
3. Name		Address			
Address		City			
City		State		Zip	
State Zip					
2. Name					
Send form to: Registrar's Office Marygrove College 8425 West McNichols Detroit Michigan 4822		There is no o	harge to o	et cop(ies) of your transcripts	

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