

MCC TRANSCRIPT REQUEST

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FOR OFFIC	E USE ONLY		
Reviewed by:	☐ Check for MACRAO	7-DIGIT MACOMB I.D. NO. OR STUDENT I.D. NUMBER (SOC. SEC. NO.)	
☐ Address changed	☐ Name changed		
		LAST NAME (SPACE) FIRST (SPACE) MIDDLE INITIAL	
		If you have a name or address change since you last attended Macomb, you must include a copy of your driver's license (front	
■ CHECK ONE BOX:		PRIOR LAST NAME Include a copy of your uners license from and back) to up-date your academic record.	
Forward transcript to address on bottom of form		STREET NUMBER (SPACE) STREET NAME OR P.O. BOX	
(no fee) Allow 3 Business days for processing			
Transcript On-Demand (\$5.00 fee)		ADDITIONAL ADDRESS INFORMATION APT., etc.	
■ CHECK ONE BOX:			
Transcript sent to another college, company, or agency		CITY STATE ZIP CODE	
Transcript issued to student (transcript will be stamped "Issued to Student")		COUNTY WHERE YOU RESIDE	
■ CHECK APPROPRIATE BOXES BELOW:		AREA CODE HOME PHONE AREA CODE BUSINESS PHONE	
Academic (credit classes)		AREA CODE CELL PHONE DATE OF BIRTH	
Check for MACRAO			
Non-academic credit (Workforce & Continuing Ed)		EMAIL ADDRESS	
NUMBER of transcripts requested		Pring or mail your completed form to	
Separate envelopes (if more than one requested)		Bring or mail your completed form to: MACOMB COMMUNITY COLLEGE MACOMB COMMUNITY COLLEGE	
HOLD FOR PICK UP ON	N:	CENTER CAMPUS SOUTH CAMPUS ENROLLMENT OFFICE G 120 ENROLLMENT OFFICE G 301	
HOLD until certificate (Academic ONLY)	or degree is posted	44575 Garfield Rd. 14500 E. 12 Mile Rd. Clinton Twp., MI 48038-1139 Warren, MI 48088-3896	
☐ HOLD until current term grades are posted ☐ Fall		NOTE: IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, TRANSCRIPTS CAN BE RELEASED ONLY UPON	
☐ Winter		WRITTEN AUTHORIZATION OF THE STUDENT.	
☐ Spring /Summer		x	
PLEASE NOTE: Transcripts are not faxed		STUDENT SIGNATURE AUTHORIZING ISSUANCE OF TRANSCRIPTS IS REQUIRED	
		DATE	
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Please forward	transcript to: (please print)		
		STUDENT IS RESPONSIBLE FOR COMPLETE ADDRESS.	