

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**

<input type="text"/> 7-DIGIT MACOMB I.D. NO.	OR	<input type="text"/> STUDENT I.D. NUMBER (SOC. SEC. NO.)
<input type="text"/> LAST NAME (SPACE) FIRST (SPACE) MIDDLE INITIAL		
<input type="text"/> PRIOR LAST NAME		
<input type="text"/> STREET NUMBER (SPACE) STREET NAME OR P.O. BOX		
<input type="text"/> ADDITIONAL ADDRESS INFORMATION APT., etc.		
<input type="text"/> CITY		<input type="text"/> STATE
<input type="text"/> COUNTY WHERE YOU RESIDE		<input type="text"/> ZIP CODE
<input type="text"/> AREA CODE HOME PHONE	<input type="text"/> AREA CODE BUSINESS PHONE	
<input type="text"/> AREA CODE CELL PHONE	<input type="text"/> MO DAY YEAR DATE OF BIRTH	
_____ EMAIL ADDRESS		

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.

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.**