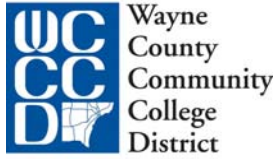


Transcript Request Form



801 W. Fort
Detroit, MI 48226
313-496-2891

FOR OFFICE USE ONLY

Date _____

Records Clerk _____

PLACE YOUR NAME AND ADDRESS IN SHADED SPACE PROVIDED BELOW

Name: _____

Address: _____

City State Zip: _____

WHERE TRANSCRIPT IS TO BE SENT:

(PLEASE CLEARLY PRINT EXACT LOCATION IN SHADED AREA BELOW)

RETURN COMPLETE FORM TO THE REGISTRAR'S OFFICE

801 W. Fort
Detroit MI 48226

Name: _____

Address: _____

City State Zip: _____

Make a separate request for each recipient of transcript.

PLEASE FILL IN THE FOLLOWING BLANKS TO ASSIST US IN PROCESSING YOUR REQUEST

Maiden Name (If applicable) _____ A#/ID _____

Date of Birth _____ Are you a WCCCD Graduate? Yes No If yes, semester Year__

Check one: Send transcript now Hold this request for current semester grades

Signature _____ Phone _____ Date _____