

**Schoolcraft College
Transcript Request Form**

MAIL TRANSCRIPT
REQUESTS TO: Schoolcraft College
Attn: Records Office
18600 Haggerty Road
Livonia, MI 48152-2696
(734) 462-4677

FAX TRANSCRIPT
REQUESTS TO: (734) 462-4506

Name _____ Former Name _____

Address _____ Student #/Social Security # _____

City _____ State _____ Zip _____ Birthday _____ Telephone _____

Email Address _____

SEND TRANSCRIPT: (Check only one box)

- | | |
|---|--|
| <input type="checkbox"/> Now | <input type="checkbox"/> After current semester grades are posted |
| <input type="checkbox"/> After degree is posted | <input type="checkbox"/> After grade change for _____
(indicate course) |

SEND TRANSCRIPT TO:

- To the address above (student copy)
 To the address below (official copy – one form per address)
(Official copies are not released or mailed to students under any circumstances.)

CHECK FOR MACRAO

- (If you have previously requested MACRAO you do not need to check this box.)**

College/University Name: _____

Department/Contact Person: _____

Address: _____

City/State/Zip: _____

Transcripts will not be issued for any student whose financial obligations to the College have not been met. In requesting transcripts, I understand that Schoolcraft College does not forward transcripts from high schools or from other colleges/universities I may have attended. Schoolcraft College has a strict policy that does not allow for faxing of transcripts. Allow 3 to 5 business days for processing.

Due to the Family Educational Rights and Privacy Act of 1974, a student signature is required for release of transcripts.

Student Signature

Date

Cash Code TRP-TRP/CGF