

CONTINUING EDUCATION TRANSCRIPT REQUEST FORM

This form is for Continuing Education transcripts only. This form will not be accepted for traditional college credit transcript requests.

PLEASE VERIFY THAT YOUR GRADES HAVE POSTED ON YOUR CE TRANSCRIPT IN WEBADVISOR BEFORE SUBMITTING YOUR REQUEST.

Student I.D. Number of Last 4 Digits of your SSN	Birthdate		
Student Name	For	Former Last Name	
Street Address	City	State	Zip Code
Email Address		e #	
-			
-			
Mail Transcript to the Address Below —— Transcripts will not be issued for any student whose sunderstand that Schoolcraft College does not forward	d transcript from high schools or from o	ther colleges/univers	ities I may have attended.
•	d transcript from high schools or from o llow for the faxing of transcripts. Please	ther colleges/universe allow 3 to 5 busines	ities I may have attended. s days for processing.

Schoolcraft College ● Email: <u>screcord@schoolcraft.edu</u>

18600 Haggerty Road, Records Office, McDowell Center, Room 165 ● Livonia, MI 48152 ● Fax: 734-462-4506