

Records Office 18600 Haggerty Road, Livonia, MI 48152

> Phone: 734-462-4336 Fax: 734-462-4506

Email: screcord@schoolcraft.edu www.schoolcraft.edu/student-records

PPL Transcript Request Form

This form is for Personal and Professional Learning (formerly Continuing Education) transcripts ONLY. This form will not be accepted for traditional college credit transcript requests.

PLEASE VERIFY THAT YOU GRADES HAVE POSTED TO YOUR PPL TRANSCRIPT IN OCELOT ACCESS BEFORE SUBMITTING THIS REQUEST.

Student Information			
Name	Studen	t ID#	
Date of Birth	Telephone #		
Address	City	_State	Zip Code
Email Address			
Transcript Delivery Options			
Pick Up – Please fax or email this for	m and allow 24 hours for processing		
Mail transcript to address listed above	ve		
Mail transcript to			
Transcripts will not be issued for any studer requesting transcripts I understand that Schother colleges/universities I may have attenfaxing of transcripts. Please allow 3-5 busin	noolcraft College does not forward transded. Schoolcraft College has a strict	anscripts fr	om high schools or from
As per the Family Educational Rights and Pritranscripts.	ivacy Act (FERPA) of 1974, a student	signature is	s required for release of
Student Signature	Date _		
	For Office Use Only		
Date Processed	Processed By		