



For Office Use Only

Date Requested: _____
Date Sent: _____
Initials: _____
Holds Present: _____
Transcript Fee: _____

TRANSCRIPT REQUEST

Name: _____ Previous Names: _____
Student ID (or Last 4 digits of SSN): _____ Date of Birth: _____
Current Address: _____
Telephone: _____ Email: _____
Dates of Attendance: _____ Date of Graduation (If Any): _____

TRANSCRIPTS WILL NOT BE FAXED BY COLLEGE FOR CREATIVE STUDIES

MAIL TRANSCRIPT TO THIS ADDRESS
Supplying a correct and complete address is the responsibility of the requestor
Recipient #1 Quantity: _____ Recipient #2 (If Applicable) Quantity: _____

Send Transcript As Is
Hold for Current Semester Grades
Hold for Graduation Verification
Hold for Pick Up

Please release my transcripts to the Person/Institution's named above. I understand that there is a charge per copy due at the time of the request.

Student Signature: X _____ Date: _____

Payment Information:
The transcript fee is \$5.00 per transcript.
\$10.00 fee per transcript for same day processing (time allowed)
Please check payment format:
Cash (Enclosed)
Payment by Check (Enclosed)
Credit Card Payments must be paid at the Cashier's Office.
You may reach them via phone at (313) 664-7435
Return this form to:
Academic Advising & Registration Office
College for Creative Studies
201 East Kirby Street, Detroit, MI 48202
Phone: (313) 664-7672
Fax: (313) 664-7649