TRANSCRIPT REQUEST FORM

There is no charge for transcripts. Transcript requests are generally filled within one week. At the end of a semester, more time is required. Transcripts will not be issued if you have a financial obligation to the College.

_____ _____/_____/_____ _____/_____/_____
STUDENT NUMBER SOCIAL SECURITY # DATE

_____ _____ _____ _____
LAST NAME FIRST NAME MID INIT FORMER NAME(S) ATTENDED UNDER

_____ _____/_____/_____
STREET ADDRESS DATE OF BIRTH

_____ ____ CURRENTLY ENROLLED OR
CITY STATE ZIP ____ YEAR LAST ATTENDED

_____ _____
STUDENT SIGNATURE PHONE NUMBER

OFFICIAL COPIES WILL NOT BE RELEASED TO STUDENT

SEND TRANSCRIPT TO: **NUMBER OF COPIES TO SEND: _____**

SPECIAL DIRECTIONS:

_____ Hold for grade change _____
course and semester

_____ Hold until current semester grades are recorded _____
semester

_____ Hold until graduation statement is recorded _____
graduation date

_____ Will pick up on _____/____/____

_____ Other _____

DELTA COLLEGE
REGISTRAR'S OFFICE
1961 DELTA ROAD
UNIVERSITY CENTER MI 48710
(989) 686-9305
FAX (989) 667-2221

OFFICE USE ONLY

ACCEPTED BY _____ DATE _____/_____/_____

AMOUNT PAID $ _____ HOLD _____