



**Baker College Corporate Services**  
1050 W Bristol Rd.  
Flint, MI 48507  
**PHONE:** (810) 766-4242  
**FAX:** (810) 766-4381

## ***Transcript Request Form***

**Person requesting the transcript:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of graduation from the institution you are requesting a  
transcript: \_\_\_\_\_  
Any previous last name(s): \_\_\_\_\_

**Please forward this completed form to the High School/College/GED  
Testing Center from which the transcript is being requested:**

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Fee/Amount Enclosed: \$\_\_\_\_\_

I hereby authorize the above institution to release a copy of my  
official transcript to:

**Baker College Corporate Services**  
**Registrar**  
1050 W. Bristol Rd.  
Flint, MI 48507

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*Attention High School Transcript Processor: Please make sure date of  
graduation appears on transcript.**

**\*STUDENT\* If you received a GED, we need a copy of your test scores.**