Request for Transcript

IMPORTANT INFORMATION

Transcripts mailed or given to students are stamped **"STUDENT COPY"**. Most institutions will not recognize them as being "official" for their purposes.

"OFFICIAL" transcripts will only be mailed **directly** to a college, an employer or a scholarship organization.

PLEASE NOTE: Transcripts will **not** be issued if you have an outstanding balance with Baker College or if you have received student loans and have not completed an "Exit Interview." Please contact the Financial Aid Office for further information.

UIN ________________ (or) SSN: XXX-XX-____________

Name ____
Please Print   Last name   First Name

Email Address ____________________________________

Other last name (s) used ____________________________

Birth Date ________________   Phone: Please see second page

Please provide **YOUR** mailing address:

____

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____

☐ Please change my academic record to reflect the above name as current. **IMPORTANT – SEE REVERSE SIDE**

☐ Please amend my academic record to reflect changes to my address and phone number(s) as indicated on this form.

DEGREE LEVEL

☐ Undergraduate School ☐ Graduate School ☐ Both

Number of copies requested: _________

DATE ENROLLED:

From ________ to _________

I would like my transcript:

☐ Issued now

☐ Held for current quarter grades

☐ Held for graduation

FEES

☐ No Charge – delivery via regular mail

☐ No Charge – delivery via facsimile

Fax Number: ________________________

☐ $10.00 per transcript – delivery via certified mail * (requires receipt signature)

☐ $25.00 per transcript - overnight delivery * (Must be a street address - No P.O. boxes)

***Please see page two for payment using a credit card**

Mail To: ______________________________

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☐ Will pick up next day after 3:00 PM (If not picked up the following day, transcript will be mailed to above address)

Your signature is required for us to release your transcript and to make any requested changes to your name, address or telephone numbers.

______________________________   ________________

Signature   **Date**

****

FOR OFFICE USE ONLY

Receipt Date ________________ **Amount Received** ________________ **Receipt #**________________

Exit Interview Form on File _____**Yes** _____**No** **Business Office Approval** ________________

_ _

Printed By ______________ **Date Mailed/Faxed** ______________ **Date Issued to Student** ________________

Completed By ____________

OFFICIAL SYSTEM FORM

Request for Official Name Change

If you wish to change your first or last names on your transcript you must provide a copy of your driver's license, marriage license, a court order, or a dissolution decree certifying your name change. Please send a Xerox copy of one of these documents with your written or faxed request. Please remember to sign this request. Without your signature, we cannot process your name change or transcript request.

Former Name

_____

Please print clearly

New Name

_____

Please print clearly

Legal Document in Support of Change (copy must be attached):

☐ Driver's license ☐ Marriage license ☐ Court order ☐ Dissolution decree

Student Phone Number Information		
Home	**Cell**	**Work**

Baker College Campus	Address	Phone #	Fax #
Allen Park	4500 Enterprise Dr, Allen Park, MI 48101	313-425-3721	313-425-3777
Auburn Hills	1500 University Dr, Auburn Hills, MI 48326	248-276-8211	248-364-3221
Cadillac	9600 E 13th St, Cadillac, MI 49601	231-876-3154	231-876-3440
Cass City	6667 Main St, Cass City, MI 48726	989-872-6000	989-872-6001
Clinton Township	34950 Little Mack Ave, Clinton Twp, MI 48035	586-790-9587	586-791-6611
Graduate Studies/Online	1116 W Bristol Rd, Flint, MI 48507	810-766-4021	810-766-2003
Flint	1050 W Bristol Rd, Flint, MI 48507	810-766-4030	810-766-4020
Jackson	2800 Springport Rd, Jackson MI 49202	517-780-4544	517-789-7331
Muskegon	1903 Marquette Ave, Muskegon, MI 49442	231-777-5233	231-777-5396
Owosso	1020 S Washington, Owosso, MI 48867	989-729-3430	989-729-3411
Port Huron	3403 Lapeer Rd, Port Huron, MI 48060	810-989-2400	810-985-7066

*** IN THE INTEREST OF SECURITY, TO MAKE A PAYMENT USING YOUR CREDIT CARD, PLEASE CALL THE APPROPRIATE OFFICE OF THE CAMPUS TO WHICH YOU ARE SUBMITTING YOUR TRANSCRIPT REQUEST (SEE ABOVE LISTING). THANK YOU.**

OFFICIAL SYSTEM FORM