

Request for Transcript

College Address
College Address
College Address

Office of the Registrar
Phone:
Fax:

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 _____

Name _____

Please Print Last name First Name

Email Address _____

Other last name (s) used _____

Birth Date _____ Telephone _____

Print below **YOUR** name and address:

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

Please change my academic record to reflect the above address and phone number as current.

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

DEGREE LEVEL

Undergraduate School Graduate School Both

Number of copies requested: _____

Your signature below authorizes Baker College to release your transcript as directed on this form and, if paying by credit card, to charge your credit card for the amount indicated.

Signature _____

Mail To: _____

DATE ENROLLED:

From _____ to _____

I would like my transcript:

Issued without current term grades

Held for current term grades

Held for graduation

FEES

\$2.00 per transcript – regular mail delivery

\$5.00 per transcript - facsimile

\$10.00 per transcript – certified mail delivery (requires receipt signature)

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

Please charge my credit card for

the amount of _____

Credit Card # _____

Verification Code _____

Expiration Date _____

FOR OFFICE USE ONLY

Amount Received _____

Receipt Date _____

Receipt # _____

Exit Interview Form on File ___ Yes ___ No

Business Office Approval _____

Printed By _____

Date Mailed _____

Date Issued to Student _____

Completed By _____

OFFICIAL SYSTEM FORM

Request for Official Name Change

If you wish to change your first, middle, 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

OFFICIAL SYSTEM FORM