

MichiganTech

Transcript Request FAX Form

Name:

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

Maiden Name: _____
Former Name: _____
Phone Number: (____) _____ - _____
Birth Date: _____
Dates of attendance: from _____ to _____

Optional:

SSN/ M-number: _____

Number of copies: _____

Type of Transcript: ___ Official ___ Unofficial

Mail transcript(s) to:

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

or FAX transcript to:

FAX number: _____

Signature: _____ Date: _____

Fax completed form to: 906-487-3343