



# REQUEST FOR TRANSCRIPT

Your transcript will be mailed as soon as payment is received by Muskegon Community College Cashier's Office. Mail payment to address at the top of this form.

YOUR NAME: Last		First	Middle	Maiden
ADDRESS: Street		City	State	Zip Telephone
Student Number	Date of Birth	Date Last Attended MCC	Date of Request	Social Security Number

**CHECK BOXES THAT APPLY:**

- Hold for Current Semester Grades \_\_\_\_\_  Hold for Grade Change- Course \_\_\_\_\_ No. \_\_\_\_\_  
DATE SEMESTER ENDS
- Hold Until Degree is Recorded \_\_\_\_\_  I will pick up \_\_\_\_\_  
DEGREE Number of Transcripts requested (\$2 per copy) \_\_\_\_\_

Mail Transcript To:	Amount Due: \$
Address:	Amount Paid: \$
City: State Zip	Cashier
Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date: <input type="text"/> / <input type="text"/>

- Account Clear-Transcript Sent  Account Outstanding-Transcript not sent

**FOR OFFICE USE ONLY**

Sent by: \_\_\_\_\_

Sent on: \_\_\_\_\_

\_\_\_\_\_  
*Students Signature*

\_\_\_\_\_  
*Date*

Note: The Family Right and Privacy Act of 1974 prohibits the release of information on the academic transcript to a third party without the students written consent.