Request Official Transcript

Washtenaw Community College - Office of Student Records

Washtenaw Community College

STUDENT ID: @00 _____   **DATE OF BIRTH:** _____

NAME: _____   _____   _____
          (Last)   *(First)*   *(Middle)*

FORMER NAME(S): _____

CURRENT ADDRESS: _____   _____
                              (Street Address)   *(Apt.)*

_____   _____   _____   _____
      (City)   *(State)*   *(ZIP)*   *(Phone)*

SIGNATURE: _____   **DATE:** _____
          (If you type name here, you must email form to info@wccnet.edu using your WCC student email account.)

HOW TO SUBMIT FORM:

IN PERSON	**BY MAIL**	**BY FAX**	**BY EMAIL**
Student Connection Student Center Building 2nd Floor	Washtenaw Community College Transcripts SC 203 4800 East Huron River Drive Ann Arbor, MI 48197-4800	(734) 677-5408 ATTN: Transcripts SC 203 **Include a copy of your Drivers License, State ID, or Passport**	info@wccnet.edu Use your WCC student email account. **Include a copy of your Drivers License, State ID, or Passport**

CHOOSE ONE OR BOTH DELIVERY OPTIONS:

☐ **PICK UP**

Number of copies *(limit 5):* _____

Allow up to 5 business days for processing
Photo ID required for pickup
Name on ID <u>must</u> match student record
Only the student can pick up transcript

CHECK ANY IF APPLICABLE:

☐ Attached documents

☐ Continuing education units (CEU)

☐ Hold for grades
   Semester/Year: _____

☐ Hold for degree
   Semester/Year: _____

☐ Hold for MTA/MACRAO
   Semester/Year: _____

☐ **MAIL**   Number of copies *(limit 5):* _____

_____
(Name/School/Institution)

_____
(Attn/Department)

_____
(Street Address)

_____   _____   _____
    (City)   *(State)*   *(ZIP)*

☐ **MAIL**   Number of copies *(limit 5):* _____

_____
(Name/School/Institution)

_____
(Attn/Department)

_____
(Street Address)

_____   _____   _____
    (City)   *(State)*   *(ZIP)*