



TRANSCRIPT REQUEST FORM

We will not be able to send any transcripts unless this form is completed in it's entirety. The cost for a transcript is \$3⁰⁰ per copy. Please allow 5-7 business days for processing.

Student information:

Student Name: _____

Social Security #: _____

Year Graduated: _____ Program: _____ Class #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Mail transcript to:

Self (see above address)

College Name: _____

Attention/Department: _____

Address: _____

City: _____ State: _____ Zip: _____

College Name: _____

Attention/Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment: Specs Howard accepts money order and credit card payments for transcript request fees. Cash and personal checks will not be accepted.

Transcript Fee: \$3⁰⁰ / each copy

Total # of Transcripts Requested: _____

Amount Enclosed: \$ _____

Money Order: Make payable to *Specs Howard School of Media Arts*

Credit Card: Visa Mastercard Amex Discover

Name on Card: _____

Card #: _____ Expiration Date: _____

Billing Zip Code: _____ Security Code: _____

Mail request form and payment to: Specs Howard School of Media Arts
 Attn: Student Success - Transcript Request
 19900 West 9 Mile Rd.
 Southfield, MI 48075

or Fax this form along with the credit card information to (248) 746-9772.

I authorize the release of the above information.

X _____
 Student signature authorizing issuance of transcripts and permissions as noted

_____ Date

For Office Use Only:

Payment Processed

_____ Credit card auth. code

Transcript Request Complete

Mail

Fax

In-Person

Completed by: _____
 Initials

Date: _____