

Please complete, print, sign and return this form with your payment. Thank you.



TRANSCRIPT REQUEST FORM

We will not be able to send any transcripts unless this form is completed in its entirety. The cost for a transcript is \$3.00 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: \$3.00 per copy

Total # of Transcripts Requested: _____

Amount Enclosed: \$ _____

Money Orders: Make payable to Specs Howard School of Media Arts

Credit Card: Visa Mastercard American Express 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 Road
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: _____