

Request Official Transcript



Washtenaw Community College - Office of Student Records

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
Welcome Center 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 must match student record
Only the student can pick up transcript*

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)

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: _____

FOR OFFICE USE ONLY
PHOTO ID? _____ DATE RECEIVED ___/___/___ VERIFIED BY _____
NO HOLDS? _____ TIME RECEIVED ___/___/___