

# OFFICIAL TRANSCRIPT REQUEST

## General Information:

- ▶ Please email (as an attachment) to **enrollmentservices@ltu.edu**, or fax to **248-204-2228**, or mail/bring the completed form to **Lawrence Technological University- Enrollment Services: 21000 West Ten Mile Road, Southfield, MI 48075**
- ▶ Official Transcript Request Forms for the Detroit Institute of Technology (DIT) and Specs Howard School of Media Arts (SHS) are available at [https://www.ltu.edu/registrars\\_office/forms-to-print.asp](https://www.ltu.edu/registrars_office/forms-to-print.asp)
- ▶ Official Transcripts will not be released unless all financial obligations from prior terms have been settled
- ▶ There is NO CHARGE for official transcripts processed within 2 business days
- ▶ Contact Enrollment Services for **same-day** (by close of business day) availability, as processing is not guaranteed; **\$10 charge per copy**

## Student Information:

Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Former Name (If Applicable) \_\_\_\_\_

Current Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student ID # \_\_\_\_\_ Last 4 Digits of Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates Enrolled: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

## When to Process Request- Check all that apply:

Process Within 2 business days      Hold for current term grades      Send after Degree is posted

## Delivery Method(s)- Check all that apply:

☐ **Pick up at One Stop Center**

Number of Copies: \_\_\_\_\_

*Note: Transcripts not picked up within 2 weeks will be destroyed; new request must be submitted*

☐ **Email to:** \_\_\_\_\_

☐ **Email to:** \_\_\_\_\_

☐ **Mail to current address as listed above**

Number of Copies: \_\_\_\_\_

☐ **Mail to address indicated below:**

Number of Copies: \_\_\_\_\_

Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ **Mail to address indicated below:**

Number of Copies: \_\_\_\_\_

Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Student Signature\*:

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

\*Handwritten Signature Required

### OFFICE OF ENROLLMENT SERVICES USE ONLY:

RECEIVED: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_ RELEASED DATE: \_\_\_\_\_