



DAVENPORT  
UNIVERSITY

## High School Transcript Request

Name:		ID/SS#:
Name under which you attended:		Date of Birth:
Address:		
City:	State:	Zip:
Home Phone #: (     )	Work Phone #: (     )	
Signature:		Date:

Name of Educational Institution:		
Address:		
City:	State:	Zip:
Last Date of Attendance:	Enclosed for Transcript Fee: \$	

I have applied to Davenport University:

- ( ) Please forward a copy of my High School transcript **indicating date of graduation.**
- ( ) Please forward a copy of my GED test scores **with PASS/FAIL date.**

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*Please have all official transcripts for the above named individual mailed directly to:*

**Davenport University**  
Central Registrar's Office  
415 E. Fulton St.  
Grand Rapids, MI 49503  
(866) 353-8720

**\*\*\* Please attach this form with the official transcript \*\*\***