

College Transcript Request

(Please Note: *Complete this form and send to your previous college*)

Student's Name: _____ ID/SSN: _____

Name under which you attended: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Student's 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 an official college transcript. to:

Davenport University
Registrar's Office
6191 Kraft Avenue SE
Grand Rapids, MI 49512

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