



TRANSCRIPT REQUEST FORM

PREVIOUS HIGH SCHOOL OR COLLEGE

STUDENT INFORMATION

Name _____
(Last/First/Middle)

ID/SS# _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Signature _____ Date _____

Name of Educational Institute _____

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.
- Please forward a copy of my Community College/University transcript indicating date of graduation.

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

Davenport University
Record's Office
6191 Kraft Ave SE
Grand Rapids, MI 49512

Please attach this form with the official transcript.