



# SAGINAW CHIPPEWA TRIBAL COLLEGE

## Transcript Request Form

Please mail or bring this form to Saginaw Chippewa Tribal College for transcript release to other institutions

**TO: Saginaw Chippewa Tribal College**  
**Admissions/Registrar**  
**2274 Enterprise Drive**  
**Mt. Pleasant, MI 48858**

### Type of Transcript Requested:

Official  Unofficial  Issued to Student (official)

Dates Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

### Please forward an official copy of my transcript to:

**To:** \_\_\_\_\_  
Name of School

\_\_\_\_\_

Address City State Zip

*An **official copy** of a transcript contains a graduation date (if applicable) and an authorized signature or a school seal.*

<b>Student Information:</b>			
_____	_____	_____	_____
Last Name	First Name	MI	Maiden Name
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Social Security Number	Date of Birth		
_____	_____		
Student Signature			

*Please print current name and social security number on transcript*