



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.*

Student Information:			
_____	_____	_____	_____
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