

High School Transcript Request Form

# Part I. To be completed by student

Complete top portion and take this form to your high school guidance office.

Student Name

First Middle Last

Social Security Number

High School

City State Zip

My application and fee have already been submitted to the University of Michigan-Dearborn. Yes No Signature Date

# Part II. To be completed by high school official

High School Name

School Official’s Name

First Last

Position Phone

Signature Date

# Please send this form and an official transcript (and ACT and/or SAT scores) to:

University of Michigan-Dearborn Office of Admissions and Orientation

1145 UC, 4901 Evergreen Road, Dearborn, MI 48128-2406

Phone: 313-593-5100  Fax: 313-436-9167

*Revised 10/07*