

## TRANSCRIPT REQUEST PRE-ADDRESSED,

## STAMPED ENVELOPE REQUIRED

Counseling Office will place a Return Label Here



ABC College P.O. Box 123 Ann Arbor, MI 48103

**Pre-address envelope** to your designated College Transcript Office

Place one First Class stamp

## TRANSCRIPT REQUEST

		-
Date of Request:		
College Deadline for Transcript:		
Student Name:		
Please send transcript to:		
Street		
City	State	Zip