

Michigan Department of Education
 Superintendent's Office
 P.O. Box 30008, Lansing, MI 48909
 Phone: 517-241-8300 Fax: 517-335-4565
 Email: MDE-HPCCTRANSCRIPTS@MICHIGAN.GOV

FOR OFFICE USE ONLY
Received By:
Date Received:

HIGHLAND PARK COMMUNITY COLLEGE TRANSCRIPT REQUEST

THE INFORMATION BELOW IS REQUIRED TO PROCESS THE TRANSCRIPT REQUEST. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF YOUR REQUEST.

STUDENT'S INFORMATION			
Student's Name		Last 4 digits of Social Security Number	
Address		City	State
Telephone Number	Year of Birth	E-mail Address	
Other name(s) student may have used:		Name and Address to Mail Transcripts to:	
		Email Address to send Transcripts to:	
VERIFICATION AND SIGNATURE			
I understand there is no guarantee that my transcript will be located. I authorize the State of Michigan to release my transcript to the above stated address(es).			
_____ Signature		_____ Date	
FEE PAYMENT INFORMATION (Not Applicable)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY VALIDATION	