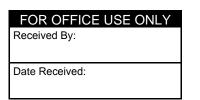
MDE/HPCC -100 (8/16)

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



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	ZIP Code
Telephone Number	Year of Birth	E-mail Address	<u>'</u>	1
Other name(s) student may have used:		Name and Address to Mail Transcrip	ots 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 U	SE ONLY VALIDATION

Disclaimer: The Michigan Department of Education is an equal opportunity provider.