

TRANSCRIPT REQUEST CLOSED MICHIGAN PRIVATE POSTSECONDARY SCHOOL

Complete and Mail to:
 Department of Licensing and Regulatory Affairs (LARA)
 Corporation, Securities, and Commercial Licensing Bureau
 Licensing Division • Proprietary School Unit
 PO Box 30714, Lansing, MI 48909
 (517) 241-8211 or 241-9288

PLEASE PRINT LEGIBLY

Student's First Name	
Student's Last Name	
Other Name(s)	
Social Security #	
Date of Birth	
Telephone #	
E-mail Address	
Student's Address to Send Response (copy of transcript if located)	
SCHOOL ATTENDED	
School Location	
Date Attended	
Additional Address (school; employer) to send copy of transcript if located	

- I have enclosed a certified check or money order in the amount of \$22.00, payable to State of Michigan with this request. **The fee is non-refundable and is payable for the records search even if your transcript is not on file. There is no guarantee that your transcript will be located due to the fact that schools sometimes provide incomplete records.**
- I authorize the State of Michigan to release my transcript to the above stated address(es).

_____ Student Signature Date

Please allow 20 days for completion