

COLLEGE FOR CREATIVE STUDIES  
**TRANSCRIPT REQUEST**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Name(s) Academic Records Could Be Under: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address while Attending CCS: \_\_\_\_\_  
\_\_\_\_\_

Dates Attended CCS \_\_\_\_\_ Date of Graduation (If Any) \_\_\_\_\_

Department/Major (If Any) \_\_\_\_\_

Please release my transcripts to the Person/Institution named below. I understand that there is a charge per copy due at the time of the request. I further understand that it is my responsibility to provide CCS with the complete and accurate address of the recipient of the transcript.

Student's Signature/Date \_\_\_\_\_

Send to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**Registration Office Use**

Holds \_\_\_\_\_  \$5.00 Transcript fee Date Received \_\_\_\_\_  
Other fee \$ \_\_\_\_\_ Date Sent \_\_\_\_\_

.....  
Payment Information: the transcript fee is \$5.00 per transcript. \$10.00 per transcript for same day processing (time allowed)

Please check payment format:

Cash (Enclosed)  
 Payment by Check (Enclosed)  
 Payment by Credit Card: \_\_\_\_\_  
Credit Card Name Credit Card Number Expiration Date

Return this form to: College for Creative Studies, Office of Registration, 201 East Kirby Street, Detroit, MI 48202  
For questions regarding transcripts: CCS Registration Phone: (313) 664-7670 CCS FAX: (313) 872-1521