

# TRANSCRIPT REQUEST ALPENA COMMUNITY COLLEGE

OFFICE OF RECORDS & REGISTRATION, ALPENA, MI 49707

Print and complete this form to request an academic transcript from Alpena Community College. Mail or deliver to:

**ACC Records Office**  
Van Lare Hall 108  
665 Johnson Street  
Alpena, MI 49707-1495.

Fax to: 989-358-7561  
Email: accreg@alpenacc.edu

All requests must be received at least one week in advance of the time they are needed. Transcript requests are not processed during the registration period. Transcripts are **not issued** for a student who has any financial obligation to ACC until arrangements have been made to meet that obligation.

***Rush service is available by request and paying the \$10 rush charge.***

If you have questions about requesting a transcript, please call **989-358-7228**. (toll free in Michigan 1-888-468-6222 Ext. 7228).

**REQUESTED BY:** (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_

TOTAL NUMBER OF TRANSCRIPTS TO BE SENT: \_\_\_\_\_

OFFICIAL

UNOFFICIAL

Send transcript immediately

Wait for final semester grades

DATE OF REQUEST: \_\_\_\_\_

SOCIAL SECURITY  
OR STUDENT I.D. # \_\_\_\_\_

MAIDEN NAME: (for name under which you registered originally)  
\_\_\_\_\_

**MAIL TRANSCRIPT TO:** (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

ATTENDANCE DATES:

FROM: (year began) \_\_\_\_\_ TO: (year ended) \_\_\_\_\_

CURRENTLY ENROLLED?  YES

NO

**DO NOT WRITE HERE**

DATE TRANSCRIPT MAILED: \_\_\_\_\_