



High School Transcript Request Form

Part I. To be completed by student

Complete top portion and take this form to your high school guidance office.

Student Name _____
First Middle Last

Social Security Number _____

High School _____

City _____ State _____ Zip _____

My application and fee have already been submitted to the University of Michigan-Dearborn. Yes No

Signature _____ Date _____

Part II. To be completed by high school official

High School Name _____

School Official's Name _____
First Last

Position _____ Phone _____

Signature _____ Date _____

Please send this form and an official transcript (and ACT and/or SAT scores) to:

University of Michigan-Dearborn
Office of Admissions and Orientation
1145 UC, 4901 Evergreen Road, Dearborn, MI 48128-2406
Phone: 313-593-5100 ♦ Fax: 313-436-9167