



Transcript Request

Submit to: Records/Registration
2001 N. Lincoln Road
Escanaba, MI 49829
transcriptrequest@baycollege.edu
FAX: 906.217-1656

NAME (Last) _____ (First) _____ Bay ID Number _____ -or- Date of Birth ___/___/___

Address (Street) _____

(City) _____ (State) _____ (Zip) _____

Phone Number (H) _____ (C) _____

TRANSCRIPT REQUESTED: *(Please check all that apply)*

Official Transcript sent to: (College or Business Name) _____
(ATTN: if applicable) _____
(Address) _____
(Address) _____
(City) _____ (State) _____ (Zip) _____

Unofficial Transcript sent to: _____
Provide email address or fax number: _____

ACTION: *(Please check all that apply)*

- Mail Transcript Now
- Mail Transcript after final grades: Fall _____ Winter _____ Summer 1 _____ Summer 2 _____
- Hold for pick-up in Student Services (**Escanaba Campus ONLY**)
This request will be processed within three to five business days from the date received.
- Include attached document with the transcript _____
(specific)

I authorize the Records and Registration Office at Bay College to release my transcript.

Student's Signature _____ **Date** _____

THE FAMILY RIGHTS AND PRIVACY ACT OF 1974 REQUIRES THE STUDENT'S SIGNATURE BEFORE TRANSCRIPTS ARE RELEASED.

FREE: There are no fees for Bay College transcripts.

(FOR OFFICE USE ONLY)

Date Mailed/Emailed: _____

Initials: _____