



Transcript Request

Submit to: Records/Registration
2001 N. Lincoln Road
Escanaba, MI 49829
transcriptrequest@baycollege.edu
FAX: 906.789.6953

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)*

Unofficial Fax Transcript sent to: NAME _____ FAX _____

Official Transcript sent to: (College or Business) _____

(ATTN to) _____

(Address) _____

(Address) _____

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

ACTION: *(Please check all that apply)*

Mail Transcript Now

Mail Transcript after final grades: Fall _____ Winter _____ Spring _____ Summer _____

HOLD for Pick Up at Student Services (Escanaba Campus ONLY) Requested Pick-up Date _____

Include attached/enclosed document with the transcript

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: _____

Date Faxed: _____