

## High School Transcript Request

(Please Note: *Complete this form and send to your high school*)

Student's Name: \_\_\_\_\_ ID/SSN: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_ Enclosed for Transcript Fee: \$ \_\_\_\_\_

I have applied to Davenport University:

- Please forward a copy of my High School transcript **indicating date of graduation.**
- Please forward a copy of my GED test scores **with PASS/FAIL date.**

*Please have all official transcripts for the above named individual mailed directly to:*

**Davenport University**  
Registrar's Office  
6191 Kraft Avenue SE  
Grand Rapids, MI 49512  
866-925-3884

**\*\*\*Please attach this form along with the official transcript \*\*\***