



Transcript Request

Submit by one of the following methods:
transcriptrequest@baycollege.edu
Fax to: 906-217-1656
Bay College Records/Registration
2001 N. Lincoln Road
Escanaba, MI 49829

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 myself at the above address.
- Official Transcript sent to: (College or Organization) _____
 (Department or Name, if applicable) _____
 (Address) _____
 (City) _____ (State) _____ (Zip) _____

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

ACTION: *(Please check all that apply)*

- Mail Transcript Now
- Hold for pick-up in Student Services **(Escanaba Campus ONLY)**
 This request will be processed within 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.
To release a transcript, the request form must be signed, electronic signatures are NOT accepted.

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: _____