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/Email: ____________

Date Faxed: ____________

RR: 1415 Rev - Transcript Request form 8/8/14