



Transcript Request Form
For College and/or High School Records

To REGISTRAR OR PRINCIPAL:

I, _____, have applied to Great Lakes University for the:
(Applicant's Name)

Fall Winter Spring Summer of _____
Year

Please send an *official* copy of my _____ College Transcript _____ High School Transcript, along with this request form to:

Great Lakes University
Office of Admissions
P.O. Box 4347
Auburn Hills, MI 48326
Phone: 248-475-0702
Fax: 248-409-2786
glubfalconer@yahoo.com

Signature of Applicant Date

TO BE COMPLETED BY STUDENT APPLICANT:

Last Name First Middle Maiden

Address City State Zip

Last term attended at the prior college or High School _____ Graduation Date (month/year)

Name of student at time of enrollment if different from above _____ Date of Birth _____