

Eastern Michigan University Graduate Transcript Request Form

You may submit this completed form to request that an official copy of your transcript be sent to Eastern Michigan University.

I am requesting that an official copy of my transcript from:

School attended

be sent to:

Graduate Admissions
Eastern Michigan University
Post Office Box 970
Ypsilanti, Michigan 48197

Last Name

First Name

Middle Initial

Former Last Name

First Name

Middle Initial

Social Security Number or Student ID Number

Address

City

State

Zip

Dates of attendance

Signature

Date