

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

Name under which you attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

I have applied to Davenport University. Please forward an official college transcript. to:

Registrar's Office  
6191 Kraft Avenue SE  
Grand Rapids, MI 49512