

Date: _____

Student Name: _____ Name While Attending: _____

Social Security # _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Present Address _____

City _____ State _____ Zip _____

Current Phone # _____

Campus: Riverview _____ Detroit _____ Southfield _____ Warren _____

If Prior to 1971 List Location: _____

Send Copy of Transcript To: Provide a valid Email ID.

I, _____ would like a copy of my grade transcript sent to the

(Signature required)

above mentioned email address.

THERE WILL BE A \$10.00 FEE FOR EACH TRANSCRIPT REQUESTED

INSTRUCTIONS: CLICK THE LINK BELOW TO COMPLETE THE PAYMENT FOR YOUR TRANSCRIPT REQUEST.

https://dbidownriver.populiweb.com/router/request_transcript

After completing the payment above, please email this signed pdf form as an attachment to admissions@dbidownriver.edu