

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](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