



Accredited Member, A.C.I.C.S.

## REQUEST FOR OFFICIAL STUDENT ACADEMIC INFORMATION

Attention Registrar at:

Name of School Attended: \_\_\_\_\_

Attended <input type="checkbox"/> Main Campus <input type="checkbox"/> Other Location: _____ _____
---

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

\_\_\_\_\_ Phone Number

\_\_\_\_\_ City State Postal Code Country

I hereby authorize Michigan Jewish Institute to request and receive on my behalf one copy of my official sealed academic transcript and a copy of any student file information pertaining to any special recognition awarded or disciplinary action taken while I was an enrolled student.

Student's Name	last	first	middle	Social Security No
				- -
Name enrolled under, if different				Birth Date day / month / year
Dates of Attendance				Date of Graduation
Phone / daytime ( )	Phone / evening ( )		email address	
Current Address		City	State	Postal Code Country

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please  Fax or email (and)  Mail to REGISTRAR'S OFFICE Michigan Jewish Institute

Fax (248) 414-6907  
Email to [info@mji.edu](mailto:info@mji.edu)

19900 West Nine Mile Road, Suite 200  
Southfield, MI 48075

In reference to my application  for admission  for employment

**Please send my transcript (check one):**

- AS SOON AS POSSIBLE       AFTER MY GRADES ARE LISTED FOR THE CURRENT SEMESTER  
 AFTER MY DEGREE IS POSTED       HOLD FOR \_\_\_\_\_

Revision Date: April 28, 2008       COPY TO STUDENT ACADEMIC FILE      DATE SENT \_\_\_\_\_