

THE DETROIT INSTITUTE OF TECHNOLOGY
Office of Enrollment Services-Lawrence Technological University
Official Transcript Request Form

GENERAL INFORMATION:

Lawrence Technological University was issued custody of the records for the Detroit Institute of Technology, which closed in 1982. All records requests should be directed to Lawrence Technological University. Please mail, email, or fax completed forms and fee (\$5 per transcript) to the Office of the Registrar. Transcripts are available within 5 business days from the date received.

STUDENT INFORMATION:

NAME _____
 First Middle Last Name while attending DIT

Student ID Number _____ Date of Birth _____

Dates of Attendance _____ Home Phone _____

Home Address _____

TRANSCRIPT INFORMATION: Number of Copies: _____

Mail to address as indicated: _____

- Mail to home address Hold for pick up

AUTHORIZATION AND PAYMENT INFORMATION

I hereby authorize the release of my transcript.

Student Signature (Handwritten Signature Required-authorizes release of transcript) Date

<p><u>AUTHORIZATION AND PAYMENT</u></p> <p><input type="checkbox"/> Check enclosed <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>_____ Credit Card Number Exp.Date</p> <p>Amount authorized to be charged \$ _____</p>	<p><u>BILLING ADDRESS AND SIGNATURE</u> <i>(required if card is not present)</i></p> <p>_____ Billing Address Zip Code</p> <p>_____ Signature of credit card holder Date</p>
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Revised 11/22/19

REGISTRAR'S OFFICE USE:	
Received: _____	Paid and Posted: _____
Processed: _____	Mailed: _____