

West Michigan Aviation Academy  
Transcript Request Form  
Former Graduates or Previous Attendees

Directions for use: Please send this completed form to the front office via mail, email, or fax.  
Transcript requests will be processed within 5 school days of submission.

Address: West Michigan Aviation Academy, 5363 44th Street SE, Grand Rapids, MI 49512  
Email: transcripts@westmichiganaviation.org Fax: 616-957-0491

Student's Name: _____
Student's Date of Birth: _____
Student's Maiden Name (if applicable): _____
Student's Year of Graduation (if applicable): _____
Phone Number Where You Can Be Reached: _____
Best Email You Can Be Reached: _____

Unofficial Transcript emailed to student (please circle) :      Y                      N

Official Transcript to be mailed (please circle) :                      Y                      N

If being mailed: I hereby authorize West Michigan Aviation Academy to send records to the following college, university, or agency:

Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Student Signature & Date

\_\_\_\_\_  
WMAA Staff Initials & Date Processed

Dissemination Method: [Emailed Student ] [Emailed College/University/Agency] [US Mail]