

# MTI TRANSCRIPT REQUEST

- A transcript will NOT be processed unless your account balance is in good standing.
- This request can be faxed or mailed to the address listed here ONLY if you have provided all information requested in this document.
- Please allow 5-7 working days for receipt of your transcripts.
- Transcripts cannot be sent via fax or email.
- There is a \$5 processing fee for each transcript copy requested. This must be paid prior to delivery of your transcripts

**MAIL TO:**  
Midwest Technical Institute  
Office of the Registrar  
280 High Point Lane  
East Peoria, IL 61611

**FAX TO:** (309) 427-3229

## PERSONAL INFORMATION (TYPE your information below, then PRINT, SIGN, and SEND)

|                         |  |                          |  |   |  |          |  |
|-------------------------|--|--------------------------|--|---|--|----------|--|
| Last Name               |  | First Name               |  | Former Name (While Attending MTI)             |  |          |  |
| Street Address          |  | City                     |  | State   |  | Zip Code |  |
| - -                     |  | / /                      |  | ( ) -   |  |          |  |
| Social Security Number* |  | Date of Birth (mm/dd/yy) |  | Phone Number                                  |  |          |  |
| Program Attended        |  | Graduation Date (mm/yy)  |  | Number of Copies Requested (\$5 fee per copy) |  |          |  |

## PROCESSING INFORMATION (Check one box only)

- PROCESS NOW
- PROCESS AFTER GRADES HAVE BEEN POSTED
- SEND AFTER GRADUATION

|                                       |
|---------------------------------------|
| <b>REGISTRAR USE ONLY</b>             |
| Account in good standing: _____       |
| Processed Date: _____ / _____ / _____ |
| Signature: _____                      |

## DELIVERY (Check one box only)

- I WILL PICK UP MY TRANSCRIPTS \_\_\_\_\_  
Requested Date (mm/dd/yy)
- MAIL MY TRANSCRIPTS TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT AUTHORIZATION: (transcripts will not be released without the students signature)

I hereby authorize the release of my MTI transcripts \_\_\_\_\_  
**(REQUIRED STUDENT SIGNATURE)**

**Questions? Call: (309) 427-2750**

\*MTI requests the voluntary disclosure of your Social Security number on this form. If provided. MTI will use your Social Security number for verification of records.

