MTI TRANSCRIPT REQUEST

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- 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

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Midwest Technical Institute
Office of the Registrar
3620 Avenue of the Cities
Moline, IL 61265

FAX TO: (309) 277-7901

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)

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- ☐ **I WILL PICK UP MY TRANSCRIPTS**

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- ☐ **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) 277-7900

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*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.

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