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
3600 South Glenstone Avenue
Springfield, MO 65804

FAX TO: (417) 227-4960

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**

REGISTRAR USE ONLY

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: (417) 227-4950

*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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