

## TRANSCRIPT REQUEST

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- 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		Maiden Name (While	e Attending MTI)
Address	City		State	Zip
Social Security Number*	Date of Birth (mm/dd	yy)	Pho	ne#
Program Attended			Graduatio	on Date (mm/yy)
Number of Copies Requested: (\$5 fee p PROCESSING INFORMATION: (Check on ☐ Process now ☐ Process after grade ☐ Send after graduation	e box only)	REGISTRAR USE ONLY Account in good standing Processed Date: Signature:		
<b>DELIVERY:</b> (Check one box only)  ☐ I will pick up my transcripts ☐ Req ☐ Mail my transcripts to:				
STUDENT AUTHORIZATION: (Transcripts v	vill not be released without the stu	ents signature)		
I hereby authorize the release of my MTI t	ranscripts			

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.