

MID-CONTINENT UNIVERSITY

Office of the Registrar

Closed School Discharge Transcript Request Form

99 Powell Road East, Mayfield, KY 42066
Phone: (270) 247-8521 / FAX: (270) 856-9216
transcript@midcontinent.edu

Name: _____
First M.I. Last Social Security #

New Contact Information

Address: _____
Street City State Zip

Cell Phone: _____ Work: _____ Other: _____

Did you attend MCU prior to 2001? _____

What type of transcript are you requesting?

Official: \$5 _____

Unofficial: \$1 _____

Unofficial by email (free): _____ **Email address:** _____

**** REQUIRED:** Program of study at transfer institution: _____

Mail transcript to address below:

Official transcripts mailed to students will be considered UNOFFICIAL if opened!

Name: _____

Attn: _____

Address: _____

City, State, Zip: _____

Credit Card Information

Visa _____ M-Card _____ Discover _____
Card Number

_____-__-_____-__-_____-__-_____-

Expiration Date _____

Security Code _____
(Last 3 Digits on back of card)

Name on Card: _____
(If different from student name)

SIGNATURE: _____ **Date:** _____

*** ([We must have your original signature \(not typed\) to process request.](#))***

NOTE:

- * If transcripts are to be sent to more than one address, **please use additional forms.**
- * Forms can be faxed, emailed, or mailed (see above).
- * Transcripts cannot be faxed due to FERPA regulations.
- * Your request will be processed in the order that it is received. Thank you for your patience.
- * Transcripts from other high schools or colleges **CANNOT BE RELEASED**, and the **institutions MUST be contacted directly.**

For Office Use Only:

Date Issued _____ Release: Yes ___ No ___ Released by: _____ Enter by: _____ Fee Paid _____