MID-CONTINENT UNIVERSITY

Office of the Registrar

Transcript Request Form

99 Powell Road East, Mayfield, KY 42066
Phone: (270) 247-8521 / **FAX**: (270) 247-3115
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:_____

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**.
* Transcripts will be put on HOLD if student has a balance at Mid-Continent University.
* 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 _____