Transcript Request Form

Name: ______________________________________  _________________________
   First          M.I.          Last          Social Security #

Address: _____________________________________________
   Street         City         State         Zip

Are you currently enrolled?   Yes   No   Last date of attendance: ________________

Phone: ___________________ Work/Other: _______________ E-Mail: ___________________

Requests WILL NOT be processed without proper payment. In order to get same-day services, request form, AND PAYMENT, must be received before 1:00 p.m.

Unofficial (To students ONLY) $1 ______  Same Day Service (Official) $8 ______
Official (72 hour waiting period) $5 ______

Mail transcript to address below:
Transcripts mailed to students will be stamped “ISSUED TO STUDENT” and are NOT considered official.

Name: _____________________________________________
Attn: _____________________________________________
Address: ___________________________________________

City, State, Zip: ___________________________________

Send Immediately_____ Hold for current semester grades_____ Hold for Degree Posting ____

Signature: _______________________________________  Date: ________________
             * (Must have original signature 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.
*All transcript requests will be processed within 72 hours of receipt.
*Transcripts from other high schools or colleges cannot be released. These institutions must be contacted directly.

For Office Use Only:

Contacted by: Letter_______ Phone_______ Person_______ Fax_______  Transcript Fee Paid _________
Date Issued ________________ Transcript Released by: ___________________________ Enter by: _______
Business Office Release: Yes_______ No_______ B.O. Released by: _____________________________

Revised 1/31/13