



# 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  
 2731 Farmers Market Road  
 Springfield, IL 62707

**FAX TO:**

(217) 527-8354

**PERSONAL INFORMATION** (TYPE your information below, then PRINT, SIGN, and SEND)

<i>Last Name</i>	<i>First Name</i>	<i>Maiden Name (While Attending MTI)</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Social Security Number*</i>	<i>Date of Birth (mm/dd/yy)</i>	<i>Phone#</i>	
<i>Program Attended</i>	<i>Graduation Date (mm/yy)</i>		

**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 (217) 527-8324**

\*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.