

# Transcript Request Form

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TO REQUEST TRANSCRIPT, PRINT AND MAIL THIS FORM TO THE NORTH CAMPUS LOCATION (4260 SHORELINE DR. EARTH CITY, MO 63045). TRANSCRIPT REQUESTS ARE PROCESSED WITHIN 24 TO 48 HOURS FROM THE TIME OF RECEIPT. PLEASE ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR TRANSCRIPT TO BE MAILED. OFFICIAL TRANSCRIPTS WILL BE MAILED TO REQUESTING INSTITUTION. UNOFFICIAL TRANSCRIPTS WILL BE MAILED TO THE STUDENT. PLEASE INCLUDE \$10.00 FEE IN THE FORM OF CHECK OR MONEY ORDER MADE OUT TO MIDWEST INSTITUTE. PLEASE NOTE, YOU MAY PAY FOR TRANSCRIPT IN CASH BY BRINGING THIS COMPLETED FORM TO YOUR CAMPUS, HOWEVER THE SAME PROCESSING TIME STILL APPLIES.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TRANSCRIPT TYPE:

\_\_\_\_\_ OFFICIAL \_\_\_\_\_ UNOFFICIAL

SELECT YOUR CAMPUS:

\_\_\_\_\_ 4260 SHORELINE DRIVE, EARTH CITY, MO 63045 (NORTH CAMPUS)

\_\_\_\_\_ 2 SOCCER PARK RD., FENTON, MO 63026 (SOUTH CAMPUS)

SELECT YOUR PROGRAM:

\_\_\_\_\_ MEDICAL ASSISTING

\_\_\_\_\_ SURGICAL TECHNOLOGY

\_\_\_\_\_ DENTAL ASSISTING

\_\_\_\_\_ VETERINARY TECHNOLOGY

\_\_\_\_\_ MASSAGE THERAPY

\_\_\_\_\_ PHARMACY TECHNICIAN

\_\_\_\_\_ HVAC/HVACR

\_\_\_\_\_ HEALTHCARE INFORMATION SPECIALIST

FULL NAME AT TIME OF ENROLLMENT:

\_\_\_\_\_

LAST 4 DIGITS OF SSN: \_\_\_\_\_ DATE ENROLLED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DATE GRADUATED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MAILING INFORMATION FOR OFFICIAL TRANSCRIPT REQUEST:

NAME OF INSTITUTION OR INDIVIDUAL REQUESTING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

YOUR SIGNATURE BELOW AUTHORIZES THE RELEASE OF YOUR TRANSCRIPT OR OTHER RECORDS:

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_