

# TRANSCRIPT REQUEST FORM

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TO REQUEST TRANSCRIPT, **PRINT AND MAIL THE NORTH CAMPUS (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: \_\_\_\_\_

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

SELECT YOUR SCHOOL:

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

\_\_\_\_\_ 964 S HIGHWAY DRIVE, FENTON, MO 63026 (SOUTH CAMPUS)

SELECT YOUR PROGRAM:

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\_\_\_\_\_ 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 TRANSCRIPT:

\_\_\_\_\_

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

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

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