



TRANSCRIPT REQUEST FORM

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TO REQUEST TRANSCRIPT, PRINT THIS FORM AND MAIL TO THE **NORTH CAMPUS**. TRANSCRIPT REQUESTS ARE PROCESSED WITHIN 24 TO 48 HOURS FROM 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 \$5.00 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 SCHOOL:

- 4260 SHORELINE DRIVE, EARTH CITY, MO 63045 (NORTH CAMPUS)
 964 S HIGHWAY DRIVE, FENTON, MO 63026 (SOUTH CAMPUS)

SELECT YOUR PROGRAM:

- MEDICAL ASSISTING HEALTHCARE INFORMATION SPECIALIST
 DENTAL ASSISTING SURGICAL TECHNOLOGY
 MASSAGE THERAPY VETERINARY TECHNOLOGY
 HVAC / HVACR PHARMACY TECHNICIAN

FULL NAME AT TIME OF ENROLLMENT:

LAST 4 DIGITS OF SSN: _____

DATES ATTENDED: ___/___/_____

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:

_____ **DATE:** _____

STUDENT SIGNATURE