



TRANSCRIPT REQUEST FORM

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TO REQUEST TRANSCRIPT, PRINT THIS FORM AND **MAIL TO THE NORTH CAMPUS (4260 Shoreline Dr. Earth City, MO 63045)**. 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 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 TRANSCRIPT:

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

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

STUDENT SIGNATURE

_____ DATE:

STUDENT SIGNATURE