

REQUEST FOR OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT

Name of College or University

Street Address

City, State, Zip

Please send an **official** transcript to:

Milwaukee Area Technical College
Admissions Department
700 West State Street
Milwaukee, WI 53233-1443

Please also send an additional transcript to me at the address below (optional):

YES / NO (circle one)

If YES, OFFICIAL / UNOFFICIAL (circle one)

I attended your institution (Dates of Attendance): From _____ To: _____

My graduation date was: _____

SS# _____ Birth Date _____

Current Name

Former/Maiden Name

Current Address

City, State, Zip

Phone Number

Other Phone Number

Thank you,

Your Signature

Date

Note: If you attended more than one college or university, please complete a form for each institution attended. Be sure to fill in ALL the blanks before you mail this form to your college/university. Inquire with your institution to see if they charge any fees to process this request.