

**REQUEST FOR: OFFICIAL HIGH SCHOOL TRANSCRIPT / GED / HSED**

(Please circle one)

\_\_\_\_\_  
Name of High School or GED/HSED Institution

\_\_\_\_\_  
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 date of graduation or GED/HSED completion date was: \_\_\_\_\_

SS# \_\_\_\_\_

Birth Date \_\_\_\_\_

\_\_\_\_\_  
Current Name

\_\_\_\_\_  
Name used while attending institution

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Other Phone Number

Thank you,

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

***Note: Be sure to fill in ALL the blanks before you mail this form to your high school. Inquire with your institution to see if they charge any fees to process this request.***