

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 the campus I have checked in the box below:

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

South Campus
Milwaukee Area Technical College
Admissions Department
6665 South Howell Avenue
Oak Creek, WI 53154-1196

North Campus
Milwaukee Area Technical College
Admissions Department
5555 West Highland Road
Mequon, WI 53092-1199

West Campus
Milwaukee Area Technical College
Admissions Department
1200 South 71st Street
West Allis, WI 53214-3110

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.