

Academic Transcript **Mail-out** Service Request Form

Important: Students who plan to have a transcript sent to a Minnesota State College or University (MnSCU) do not need to complete a transcript request. Please contact the MnSCU institution you plan to attend for next steps. *Minneapolis Community and Technical College will continue to require a request and charge transcript fees for all archived records from the former Minneapolis Technical College to any destination.*

Transcripts to all other destinations, including the University of Minnesota must be requested and a fee will be charged.

To obtain your official MCTC transcript, complete this form and submit to Registrar's Office at 1501 Hennepin Ave Minneapolis, MN 55403.

- Official copies are printed on MCTC transcript security paper and bear the Registrar's signature.
- For mail-out service there is a \$5.00 fee per transcript.
- Requests **will not** be honored for students with any overdue financial obligations to the College.
- **Telephone, e-mail and fax requests will not be honored.**
- **DO NOT PROVIDE CREDIT CARD INFORMATION. If you wish to pay by credit card, please visit www.getmytranscript.com**

To avoid delays in processing, provide all information requested. Incomplete forms will be returned.

Student ID _____ Daytime phone number _____

Last Name _____ First Name _____ Other Name(s) used while attending _____

Street Address (include apartment #) _____ City _____ State _____ Zip Code _____

Signature (*Required. Do not print*): _____ Date: _____

Circle college attended (MCC, MTC or MCTC) and approximate dates of attendance: _____

Major: _____

Mail-out Service: Specify the quantity and complete address

\$5.00 fee per transcript. Requests may be submitted in person or by mail. Check or money order must accompany requests submitted by mail.

Processing time is a minimum of 3-5 business days.

Please indicate below the complete address (es) where transcripts are to be mailed. Attach a separate sheet if necessary.

Number of **official** copies to address below: _____

Number of **official** copies to address below: _____

Complete Name and Address Required

Complete Name and Address Required

Office Use Only

Staple Receipt Here

Number of Official Transcripts Requested: _____

Payment Received for _____ Number of Transcripts

Routed to Registrar's Office for processing: _____

Date Mailed: _____