

## Transcript Request Form

99 Powell Road East, Mayfield, KY 42066  
Phone: (270) 247-8521 / FAX: (270) 856-9216  
transcript@midcontinent.edu

Name: \_\_\_\_\_  
                             First    M.I.    Last    SSN # (Last 4 Digits)

**New Contact Information**    County of Residence: \_\_\_\_\_

Address: \_\_\_\_\_  
   Street    City    State    Zip

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**What type of transcript are you requesting?**    **Did you attend MCU prior to 2001?** \_\_\_\_\_  
**Official:**    \$5 \_\_\_\_\_  
**Unofficial:**    \$1 \_\_\_\_\_ (Paper Copy)  
**Unofficial by email (free):** \_\_\_\_\_ **Email address:** \_\_\_\_\_

Credit Card Information

Please [CALL](#) to Provide CC # if [Emailing Form](#)

<b>Mail transcript to address below:</b> Official transcripts mailed to students will be considered UNOFFICIAL if opened! Name: _____ Attn: _____ Address: _____ City, State, Zip: _____
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Visa \_\_\_\_\_ M-Card \_\_\_\_\_ Discover \_\_\_\_\_  
**Card Number:** \_\_\_\_\_  
 \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
**Expiration Date** \_\_\_\_\_  
**Security Code** \_\_\_\_\_  
 (Last 3 Digits on back of card)  
**Name on Card:** \_\_\_\_\_  
 (If different from student name)

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* (We must have your original signature (not typed) to process request.) \*

**NOTE:**

- \* If transcripts are to be sent to more than one address, **please use additional forms.**
- \* Transcripts will be put on HOLD if student has a balance at Mid-Continent University.
- \* Forms can be faxed, emailed, or mailed (see above).
- \* Transcripts cannot be faxed due to FERPA regulations.
- \* Your request will be processed in the order that it is received. Thank you for your patience.
- \* Transcripts from other high schools or colleges **CANNOT BE RELEASED**, and the **institutions MUST be contacted directly.**

**For Office Use Only:**

Date Issued \_\_\_\_\_ Release: Yes \_\_\_ No \_\_\_ Released by: \_\_\_\_\_ Enter by: \_\_\_\_\_ Fee Paid \_\_\_\_\_