

Transcript Request Card

Please forward a transcript of my credits, including ACT scores, if available, to:

Date: _____

Student Services
Moraine Park Technical College
700 Gould Street
Beaver Dam, WI 53916-1994

Student Services
Moraine Park Technical College
235 North National Avenue
PO Box 1940
Fond du Lac, WI 54936-1940

Student Services
Moraine Park Technical College
2151 North Main Street
West Bend, WI 53090-1598

Student's Name (Print) _____
Last First Middle

Prior name or name under which you originally registered _____

Social Security Number _____ Birth Date ____/____/____ Date I Attended _____

Signature (For mail-in requests only) _____ Phone # _____

Before submitting this form, review the respective high school or college website to confirm the required payment and request process. It may require electronic submission.



MORAINÉ
PARK
TECHNICAL COLLEGE

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