

Student ID# _____
 Date Received _____
 Date Sent _____
 Receipt # _____
 Payment Recvd By: _____
Office Use Only



**MORAINE PARK
 TECHNICAL COLLEGE**

Records Office
 %Transcripts
 235 North National Avenue
 PO Box 1940
 Fond du Lac, WI 54935
 Phone: 920-922-8611

Transcript Request

Student's Name _____
 (Last) (First) (M.I.) (All Previous Names)

Student ID# _____ Birth Date _____

Current Street Address _____ Phone Number _____

City, State _____ Zip Code _____

Signature _____ Date _____

NOTE: Name changes can be made to your student record only if official documentation is submitted to the Records Office (driver's license, marriage certificate, etc.)

_____ **# of Transcripts Requested**

Cost of Transcripts:

Normal Processing: \$6 per transcript (Transcripts are processed within 10 working days of receipt.)

Please mail this request with a check payable to MPTC for \$6 per transcript to the address above. Phone requests/payments will not be accepted. PLEASE DO NOT SEND CASH!

On-Demand Processing: \$10 per transcript (On-Demand transcripts can only be requested **IN PERSON** at the FDL Campus.)

NOTE: If a student has an outstanding debt at Moraine Park Technical College the transcript request will not be processed and any payment will be applied to the student's balance due.

Prepare Transcripts: (check appropriate box/es)

Send transcript immediately

Release transcript after final grades are complete for current semester

Release transcript after degree information is complete

Transcripts released in a sealed envelope directly to students will read **Issued to Student**; those released to third parties will read **Official Transcript Enclosed**.

Mail transcript to the following: (Requestor is responsible for providing the full name and address of the recipient/s.)

