



# Request for Transcript

Date: \_\_\_\_\_ Request Student Copy: \_\_\_\_\_ Request Official Copy: \_\_\_\_\_

NOTE: *Most institutions require that transcripts be mailed directly from the school.*

NAME: \_\_\_\_\_  
Last First M.I.

OTHER NAMES USED: \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_ PHONE: \_\_\_\_\_  
Home Work

Will pick up: \_\_\_\_\_ Hold until current grades posted: \_\_\_\_\_ Hold until degree posted: \_\_\_\_\_  
(Date) *If not picked up by specified date, transcript will be mailed to home address*

Mail Transcript(s) to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning Enrollment Date at MCC \_\_\_\_\_ Ending Enrollment Date \_\_\_\_\_

Beginning Enrollment Date at Health/Tech Campus \_\_\_\_\_ Ending Enrollment Date \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Are you currently enrolled? \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail, fax, or return this form to the MCC Admissions Office, Attn: Transcript Request,  
2000 College Drive, Madisonville, KY 42431. Fax Number: (270) 824-1864**

*The following fees apply to transcript requests: mailed (\$5.00), on demand (\$7.00), faxed (\$10.00).*