



REQUEST FOR TRANSCRIPT

Transcript Type: College Credit Continuing Education Units (CEUS)

YOUR NAME: Last		First	Middle	Maiden
ADDRESS: Street		City	State	Zip Telephone
Student Number	Date of Birth	Date Last Attended MCC	Date of Request	Social Security Number
CHECK BOXES THAT APPLY: <input type="checkbox"/> Hold for Current Semester Grades _____ <input type="checkbox"/> Hold for Grade Change- Course _____ No. _____ <small>DATE SEMESTER ENDS</small>				
<input type="checkbox"/> Hold Until Degree is Recorded _____ <input type="checkbox"/> I will pick up _____ Number of Transcripts requested _____ <small>DEGREE</small>				
<input type="checkbox"/> Student has other materials to be included _____				
Mail Transcript To:				
Address:				
City:		State	Zip	

Note: The Family Right and Privacy Act of 1974 prohibits the release of information on the academic transcript to a third party without the students written consent.

* Transcript request are normally processed within 3-5 business days but may require more time to process prior to or at the end of a semester.

Permission to Release-Signature *Date*

FOR OFFICE USE ONLY	<input type="checkbox"/> Account Clear-Transcript Sent	<input type="checkbox"/> Unfilled Financial Obligation -Transcript not sent
	Sent by: _____	Sent on: _____