



ATTN: Registrar
630 Eastern Bypass * Richmond, KY * 40475
Ph: (859) 624-1988/Fax: (859) 624-1933

TRANSCRIPT REQUEST FORM

Please Print Legibly

NAME: _____ FORMER NAME: _____

PHONE: _____ E-MAIL: _____

ADDRESS: _____

SSN: XXX-XX-_____ DATE OF BIRTH: ____/____/____

PROGRAM ATTENDED: _____

GRADUATE/YEAR: _____ CURRENT STUDENT WITHDRAWN STUDENT

QUANTITY REQUESTED: OFFICIAL: _____ UNOFFICIAL: _____

PICK-UP IN PERSON - **\$7.00 per copy** processed and available within 3 business days. *No charge for currently enrolled students

MAIL - **\$8.00 per copy** processed and mailed within 5 business days

Mail to: _____ Facility Name

_____ Address

UNOFFICIAL – E-MAILED - **\$5.00 per copy** processed and e-mailed within 3 business days.

Official transcripts will not be released to persons who are delinquent on meeting financial obligations to their program or considered not to be in good standing. Due to federal privacy laws, a written form request with the student's signature is required. We cannot fulfill telephone requests for transcripts. E-mailed requests must accompany a scanned signed copy of this form. Submit to kbertrand@medicalcareerandtechnicalcollege.edu.

Signature: _____ Date: _____

PAYMENT OPTIONS: VISA MASTER CARD MONEY ORDER CASH (paid upon request)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____/____/____ 3-DIGIT SECURITY CODE: _____

School Use:

Request Completed By: _____ Date: _____