



Michigan Tech

Transcript request

Name: _____
Last First Middle Initial

Name while attending Michigan Tech: _____
(if different than above)

Address: _____

City: _____ State: _____ Zip: _____

Michigan Tech Student ID number: _____ Date of Birth: _____

Email address: _____

Daytime phone: _____

Dates of attendance - From: _____ To: _____

Number of copies (5 maximum): _____

Transcript(s) sent to: *(transcripts cannot be emailed)*

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax transcript to: _____
Name of Recipient Fax Number

Comments: _____

Signature: _____ Date: _____

Print, complete and submit this form by:

Email: registrar@mtu.edu

FAX: 906-487-3343

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Registrar's Office
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Houghton, MI 49931-1295