



# 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 Currently unavailable :

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print, complete and submit this form by:**

Email: registrar@mtu.edu

FAX: 906-487-3343

Mail: Michigan Technological University  
Registrar's Office  
1400 Townsend Drive  
Houghton, MI 49931-1295