

Return this Form to: MIDLAND COLLEGE
Registrar's Office
3600 N. Garfield
Midland, Texas 79705
or fax to: (432)685-6401

Request for transcript other than self or educational institution:

Please send one copy of my official transcript of academic record at your institution to:

1.) _____ 2.) _____

City State Zip Code

City State Zip Code

Sincerely,

Print Name

Signature

Date

Social Security Number

Date of birth

Present Street Address

Telephone Number

City State Zip Code

TO THE STUDENT REQUESTING THE TRANSCRIPT:

*Transcripts are normally processed within 24 hours after receiving your request unless there is a **HOLD** on your record. If there is a **HOLD** you will be notified by one of the following procedures chosen by you (the student). It is the Student's responsibility to inform the Registrar's Office when the hold has been cleared.*

To expedite your request choose one of the following:

Email address: _____

OR

Mailing address: _____
