



## Transcript Request

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Maiden Name/Other Names DOB SSN

\_\_\_\_\_  
Current Address Phone

\_\_\_\_\_  
City State Zip Year Last Attended

\_\_\_\_\_  
**Signature (will NOT be processed without signature)**

**Send Transcript (s)** (Please check one): Now \_\_\_ After Degree is Noted \_\_\_ After Grades \_\_\_

**Please Circle-** Send Official Transcript(s) to: Unofficial Transcript(s) to:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Circle-** Send Official Transcript(s) to: Unofficial Transcript(s) to:

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Please enclose \$8.00 cash, check or money order for each Official Transcript requested.**

\_\_\_\_\_  
Qty Official Transcript(s) Requested X \$8.00 Processing Fee = \_\_\_\_\_

**NO FAXED REQUESTS ACCEPTED FOR OFFICIAL TRANSCRIPTS**

Mail to: Midland University  
Office of the Registrar  
900 N Clarkson  
Fremont, NE 68025  
Phone: 402-941-6221  
Fax: 402-941-6224