Transcript Request Form

Please complete this form, print, sign and return via fax or US mail with Payment to:
Milwaukee Area Technical College
Transcript Department
700 W. State St
Milwaukee, WI 53233-1443
Fax: 414-297-6371

Last Name First MI

Former Last Name(s)

Social Security Number or Student ID Number

Date of Birth Telephone Number

Home Address

City State Zip Code

Approximate Dates of Attendance

Mail Transcript To

Attention

Address

City State Zip Code

Mail Transcripts Now ◯ Hold for Grades this Term ◯ Hold for Degree Information ◯

Please Select Your Method of Payment

Check ◯ Credit Card and type Visa ◯ Mastercard ◯ Discover ◯

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Please print this form and sign and date below

Student Signature Date

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all the requirements of the Americans with Disabilities Act.