



## REQUEST FOR TRANSCRIPT

Please send this request directly to your College/University

College/University: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the above named college or university to release academic transcripts to Madison Area Technical College:

Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/Year Month/Year

Print Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If the name on your records is different from that above, please indicate that name here:

Name: \_\_\_\_\_

**Return Official Transcript to: Madison Area Technical College  
Human Resources Department  
1701 Wright Street  
Madison, WI 53704**

**Note: Some colleges and universities require payment or specific information when transcripts are requested. Please contact the institution prior to submitting this form to determine if additional information is required.**