

Transcript Request Form

Dear Registrar:

Date: _____

Please forward a transcript of my credits, including ACT scores, if available, to:

Student Services
Moraine Park Technical College
700 Gould Street
Beaver Dam, WI 53916-1994

Student Services
Moraine Park Technical College
235 North National Avenue
PO Box 1940
Fond du Lac, WI 54936-1940

Student Services
Moraine Park Technical College
2151 North Main Street
West Bend, WI 53090-1598

Student's Name (Print) _____
Last First Middle

Prior name or name under which you originally registered _____

Social Security Number _____ Birth Date ____ / ____ / ____ Date I Attended _____

Signature _____

PLEASE RETURN THIS FORM WITH TRANSCRIPT

Program at Moraine Park _____



MORAIN E
PARK
TECHNICAL COLLEGE
AA/EOE