



# Manhattan Area Technical College

## Transcript Request

To request a transcript, send the completed form with a \$5.00 processing fee for each transcript requested to:  
(If you are currently enrolled at MATC, there is no charge for transcripts.)

Manhattan Area Technical College  
3136 Dickens Avenue  
Manhattan KS 66503-2499  
Ph: 785-587-2800 / 1-800-352-7575  
Fax: 785-587-2804

1. Name \_\_\_\_\_  
Last First MI Maiden or Other

Social Security No. \_\_\_\_\_ Birth date \_\_\_\_\_

2. Current Mailing Address \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City State ZIP Code

Current E-mail Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

3. Program Attended \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

4. Check Appropriate Transcript(s) Requested

- Pick Up (Unofficial Student Copy)
- Pick Up (Official Copy in sealed envelope)
- Mail/Fax now (Official Copy not including current semester grades.)
- Mail/Fax later (Official Copy including current semester grades.)

Other instructions: \_\_\_\_\_

5. Indicate No. of Copies to Pick Up \_\_\_\_\_; No. of Copies for \*Mail \_\_\_\_\_; No. of Copies for \*Fax \_\_\_\_\_  
**\*If records are to be mailed/faxed to more than one address, please use additional forms.**

Mail transcript to: \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City State ZIP Code

Fax transcript to: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name \_\_\_\_\_

6. Method of payment: Cash  Check  Credit Card  : Master Card \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 Digit Code on Back of Card \_\_\_\_\_

Billing Address of Card \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

7. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

No. of Copies \_\_\_\_\_ (Official) (Student) Date \_\_\_\_\_ School Official \_\_\_\_\_

Receipt No. \_\_\_\_\_