

Transcript Request Form

1312 South Sangre Road, Stillwater, OK 74074-1899 • Phone: 405-377-3333 • Fax: 405-377-2076

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Name when attending MTC	
_____ Permanent Address		_____ City	_____ State	_____ Zip
_____ Last four of SSN	_____ Date of Birth (mm/dd/yyyy)		_____ Email Address	
_____ Home Phone		_____ Cell Phone	_____ Work Phone	
_____ Date Last Attended		<input type="checkbox"/> Check if Current Student		_____ Program Attended

Number of Transcripts Requested: _____

Please check preference of transcript delivery:

- ☐ Place in individual sealed envelopes
- ☐ Transcript(s) will be picked up by: _____
(person must show photo ID at time of pick up)
- ☐ Fax to: _____
- ☐ Email to: _____
- ☐ Mail to address below (applicant is responsible for complete address)

Institution/Person/Agency Name

Address

City

State

Zip

A processing time of 1-2 business days is required for all transcript requests. Students will need to indicate if they will be picking up the transcript or request sending it by mail, fax, or email.

NOTE: If you have any unpaid accounts with Meridian Technology Center, transcripts will not be issued until account is cleared through the Bursar's Office

Signature of Student: _____ Date: _____
(Authorization to Release Records)

Mail, Fax, or Email this completed form to:

Meridian Technology Center
Attn: Transcript Request
1312 S Sangre Rd
Stillwater, OK 74074
Fax: 405-377-2067 | Email: nataliek@meridiantech.edu