



## Official Transcript Request

Failure to complete this entire form may result in a delay in releasing your transcript. There is a \$5.00 fee for each transcript requested. Payment must be received before a transcript will be mailed. Please allow three (3) business days for your request to be processed. Transcripts will not be released to those with financial obligations to Madison Media Institute.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Student ID# or Last Four Digits of SS# \_\_\_\_\_

The name I attended MMI under was \_\_\_\_\_

I wish to have my transcripts sent to the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to comply with the provisions of the Family Educational Rights and Privacy Act of 1974, we must obtain a signed authorization before we can release student information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail form and payment made out to Madison Media Institute to:

Madison Media Institute  
Office of the Registrar  
2702 Agriculture Drive  
Madison, WI 53718  
(608) 442-0141 fax

**For Office Use Only:**

\_\_\_\_\_ Amount Paid

\_\_\_\_\_ Check Number

\_\_\_\_\_ Date Mailed

\_\_\_\_\_ Initials