



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 five (5) 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