



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 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 _____

Years of attendance _____

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

For Office Use Only:

_____ Amount Paid

_____ Check Number

_____ Date Mailed

_____ Initials