

MONTANA TECH

Address: 1300 W. Park St. Butte, MT 59701

Fax: 406-496-4710

Email: enrollment@mtech.edu

TRANSCRIPT REQUEST FORM

Upon receipt of completed Requested Form, a minimum of 1-2 business days is required to process the request. PEAK times may take longer.
(Allow extra time for transit by mail.)

Student Information

Name: _____
ID: _____ Date: _____
Previous Name: _____
Birth Date: _____ Telephone: _____
Address: _____
Dates of Attendance: _____
Campus: ____ MT Tech ____ COT/Vo-Tech/Highlands

Signature: _____

Number of Copies: _____ official \$10.00
 Needed at end of semester unofficial \$3.00
 Overnight – Additional Charge** Faxed - \$13.00

***Signature is required before transcript is released. Transcripts
Are not released if a student has an unpaid debt to the
University, including parking fines. Please call (406) 496-4250
To see if you have an outstanding balance with the college.***

Payment needs to be made to the Business Office prior to the request being processed. Contact the Business Office at 496-4250 for payment and record the receipt number here. **BUSINESS OFFICE RECEIPT #:** _____

***Addresses** are required for all requests being mailed out. Incomplete forms will not be processed and a new request, including charges, will have to be placed. **Call the Enrollment Services Office at 496-4256 to arrange payment for overnight shipments.

Send to:

Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Fax: _____

Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

OFFICE USE: PROCESSED BY: _____ DATE: _____ MUS and/or MTECH Gen. Ed. Met: - YES - NO