

TO REQUEST A TRANSCRIPT FROM MORE THAN CONQUERORS COLLEGE
TRANSCRIPT REQUEST FORM

Please complete this request form and return it to the MTCC office.

****A separate form is required for EACH degree requested****

Social Security # _____ Date of Birth _____

Your Name _____
Last First Middle Initial

Name While Attending MTCC _____

Your Current Address _____
Street/P O Box

City State Zip Code

Phone Number: (H) _____ (W) _____

Date of Enrollment _____ Degree _____

Program _____ Date Earned _____

Is this transcript for you (a student copy), for another College or a Business (official transcript)? _____

If for a college or business, Please indicate below the institution(s)

Name: _____

Address: _____

I realize that my transcript cannot be released without my signature; therefore, I hereby authorize release of my academic transcript. I am required to pay \$15.00 to cover the cost PER EACH transcript. Please allow two (2) weeks from the date of this request for this form to be completed.

Student Signature _____ Date _____

Registrar Signature _____ Date _____

Date Transcript Mailed _____ Amount Paid \$ _____