



# TRANSCRIPT RELEASE FOR MSOE SCHOLARSHIP PURPOSES

Return to:  
MSOE Registrar's Office  
1025 North Broadway  
Milwaukee, WI 53202-3109  
Fax: (414) 277-6914  
Phone: (414) 277-7215

Name (please print) \_\_\_\_\_  
Last First Middle initial

Social Security Number \_\_\_\_\_ Program \_\_\_\_\_

Current address \_\_\_\_\_

Current phone number ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Please release my transcript to: MSOE Development Office**

By signing below, I acknowledge that the MSOE Development Office will forward this transcript to a scholarship donor for one of two purposes:

1. To allow a current donor to view my academic progress as required by scholarship criteria.
2. To allow a potential donor to review my transcript as part of the scholarship application process.

Please check one:

- Send transcript after the spring quarter of the 20\_\_\_\_ - 20\_\_\_\_ academic year.
- Send transcript at the end of every quarter of the 20\_\_\_\_ - 20\_\_\_\_ academic year.
- Send transcript now.

Please be aware that this form is valid for one academic year only and you must re-submit this release at the beginning of each academic year to remain eligible for your scholarship.

Transcripts will not be released if there is an outstanding balance on your student account. For questions, please contact Student Financial Services at (414) 277-7130.

Student signature (required) \_\_\_\_\_ Date (required) \_\_\_\_\_