



TRANSCRIPT REQUEST

Return to:
Registrar's Office
1025 North Broadway
Milwaukee, WI 53202-3109

Phone: (414) 277-7215
Fax: (414) 277-6914

Name (please print) _____
(Last) (First) (Middle initial)

Student number or last four digits of your Social Security Number _____

Date of Birth _____ Former or other name(s) _____

Current address _____

Current phone () _____ E-mail address _____

Major _____

When did you last attend MSOE? _____

Did you graduate from MSOE? _____

If so, when did you graduate? _____

I attended as (check all that apply):

- Undergraduate
- Graduate
- Seminar
- Project Lead The Way
- Milwaukee County School of Nursing

Please check one:

- I will pick up my transcript(s)
- Send transcript(s) to my current address listed above
- Send transcript(s) to the following address:

Number of copies needed: _____

Would you like separate envelopes for each? Yes No

Attn: _____

College or company: _____

Street: _____

City/State/Zip: _____

Describe use of transcript _____

Please check one:

- Process as soon as possible
- Hold for current quarter's grades
(These will be processed approximately two weeks after the end of the quarter)
- Hold for graduation date
(This will be entered approximately two months after graduation)

Your official transcript will not be released if you have an outstanding balance in our Student Accounts Office. If you have questions about your financial account, please contact the Student Accounts Office at (414) 277-7130.

Student signature (required) _____ Date _____

For office use only:

Hold: _____ Address Update: _____ Pick up/Mail: _____