

MICHIGAN TECHNOLOGICAL UNIVERSITY TRANSCRIPT RELEASE FORM

Student:

Complete the following, and forward this form to all institutions previously attended. If you have attended more than one institution, please make additional copies of this form as needed.

With my signature below, I allow the release of all prior educational records to be sent to the institution listed below.

Please send official transcripts to:

Michigan Technological University
Research & Sponsored Programs
405 Administration Building
1400 Townsend Dr
Houghton, MI 49931

Student Full Name (PRINT):

(Last) (First) (Middle)

Maiden name or other name records may be found under:

(Last) (First) (Middle)

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

Daytime Phone _____

Student ID # (if applicable) _____

School Attended _____

Dates Attended _____ **Degree Earned** _____

Student Signature _____ **Date** _____