



# MARION

TECHNICAL COLLEGE

## Official Transcript Request Form

(This is **NOT** to be used for **GED**)

**\$5.00 Non-refundable transcript fee for each copy**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Name at time of Graduation/Maiden Name/Other Names Used

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Enrollment Dates (MM/YY-MM/YY)

\_\_\_\_\_  
Name of Program Attended

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
E-mail Address

**I hereby give permission to Marion Technical College to release transcripts or information related to the classes I attended to the following:** (Please include specific mailing address and any applicable departments/personnel.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send my transcripts to:

1.

2.

Number of copies: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Mail this completed form to:

**Marion Technical College**

Attention: Student Services

1014 SW 7<sup>th</sup> Road

Ocala, FL 34471

Form may also be submitted in person in the Student Services Department: (352) 671-4134.

Enclosed please find \$\_\_\_\_\_ based on the transcript fee above.

Cash, check or money order **ONLY** (payable to MTC)

Date Requested: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_