



# 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: \_\_\_\_\_