

TRANSCRIPT REQUEST FORM

Please forward an official copy of my transcript, including date of graduation and SAT/ACT scores if applicable, to:
Midlands Technical College • Admissions Office • Post Office Box 2408 • Columbia, SC 29202

(PLEASE PRINT) LAST NAME FIRST MIDDLE / MAIDEN

ADDRESS

SOCIAL SECURITY NUMBER

CITY

STATE

ZIP

BIRTH DATE

LAST DATE ATTENDED OR GRADUATION DATE

SIGNATURE

NAME OF HIGH SCHOOL ATTENDED

NOTE:

Please return this form with the transcript or place the student's SSN on the transcript you provide.