



MOUNTAINLAND
TECHNICAL COLLEGE

Transcript/Certificate Request Form

2301 W Ashton Blvd. Lehi, UT 84043

Phone: 801-753-6282 - Fax: 801-753-4101

studentservices@mtec.edu

Request can be accepted by mail, fax, email, or in person at a MTECH campus.

REQUEST IS FOR:	All financial obligations must be paid before processing.		
QTY: _____	Official Transcript:	\$5.00 each	Allow 5-10 business days
QTY: _____	Unofficial Transcript:	Free	Allow 5-10 business days
QTY: _____	Duplicate Certificate:	\$5.00 each	Allow 5-10 business days

PAYMENT METHOD: <i>Please check one or call the cashier - 801-753-6282</i> DO NOT SEND CASH				
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Call Cashier
Name on card: _____		Type of Card: _____		
Credit Debit Card #: _____			Exp: _____	
Billing Address: _____		3-Digit Verification: _____		

DELIVERY METHOD: <i>Check One</i>	PICTURE ID REQUIRED TO PICK-UP IN PERSON
<input type="checkbox"/> Mail to address provided below	<input type="checkbox"/> Fax to number provided below
<input type="checkbox"/> Pick up by: <input type="checkbox"/> Self or <input type="checkbox"/> Other *(Please list name) _____	
* If picked up by other, must accompany FERPA Information Release Form	

MAIL TO: Include institution name, attn., etc...	FAX TO: Include institution name, attn., etc...
_____	Number: _____
_____	_____
_____	_____

CLEARLY PRINT YOUR FULL LEGAL NAME:	ALL INFORMATION IS REQUIRED
Full Legal Name: _____	
MTECH Student ID or last 4 of social #: _____ Maiden Name: _____	
Email Address: _____	
Address: _____ City: _____ State: _____ ZIP: _____	
Phone #: _____ Cell #: _____ Birthdate: _____	
Year Enrolled: _____ Program: _____	

RELEASE ACKNOWLEDGEMENT: I authorize the release of my academic records to the third parties specified on this form. Additionally, I approve the delivery method indicated above.
Signed: _____ Date: _____

Mountainland Technical College does not discriminate on the basis of race, color, national origin, sex, age, or disabilities.

FOR OFFICE USE: Cashier Initials _____ Date _____
Transcript Mailed/Faxed/Put in S.S. for pick up: _____
Certificate Mailed/Faxed/Put in S.S. for pick up: _____