

INFORMATION REQUEST FORM

(Please Print)

Note: Transcripts will not be processed if there is an outstanding financial obligation to MTI. All requests take 7-10 business days from date received. **Photo ID required to initiate request. Cost is \$8.00 per Request.**

Please provide the following contact information:

Social Security #: _____ **or Student ID #:** _____

LAST NAME: _____ **Date of Birth:** _____

FIRST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____

E-MAIL Address: _____

PAYMENT OPTIONS

1. Cash (Do not submit cash by mail)
2. Credit Card
3. Money Orders (made payable to MTI)

If Paying by Credit Card (Mail or Fax only)

(Circle one) **VISA** **MASTERCARD**

Card #: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

(Check one)

MAIL: _____ **PICK-UP:** _____ **NUMBER of COPIES:** _____ (\$8.00 each)

(Check as required)

OCP Card: _____ **CERTIFICATE:** _____ **GRADES:** _____ **OTHER:** _____

Mail Requested Information to:

College/Agency/Person: _____

Attention Of: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

THIRD PARTY PICK-UP (optional) *Photo ID required.*

I authorize the person named below to pick-up my information.

NAME: _____

SIGNATURE: _____

PICKED-UP BY:

SIGNATURE: _____

This personal information is issued in accordance with the Family Educational Rights and Privacy Act of 1974. It is intended for your use only. No personally identifiable information from this record may be released without the student's prior written consent. I hereby give Manatee Technical Institute permission to release my transcripts as authorized below.

Please check yes or no if you want a copy for your records : () YES () NO INITIALS: _____

Student Signature (required): _____ **Date:** _____

FOR OFFICE USE ONLY

Processed/Mailed

Initials:

Date: