

First	Middle		Last	
Maiden Name/Other Names	DOB		SSN	
Current Address	City		State & Zip	
Email Address	Phone		Year Last Attended	
Signature (will NOT be processed without signa	ture)		Today's Date	_
Processing Option (Please check one): Now	After Degree is Noted	After Grades		
Choose One: Official Transcript(s) to:	Unofficial Transcript(s) to:			
Recipient 1				
Choose One: Official Transcript(s) to:	Unofficial Transcript(s) to:			
Recipient 2				
Please enclose \$9.00 cash, c	heck or money order for <u>each</u> C	Official Transcript		

requested. # Official Transcript(s) Requested X \$9.00 Processing Fee =

NO FAXED REQUESTS WILL BE ACCEPTED FOR **OFFICIAL** TRANSCRIPTS *Midland currently does not email official transcripts to recipients

Mail to: Midland University Office of the Registrar 900 N Clarkson Fremont, NE 68025

Unofficial Requests only:

Email OR Fax to: registrar@midlandu.edu or 402-941-6224