MERIDIAN
TECHNOLOGY CENTER

Transcript Request Form

1312 South Sangre Road, Stillwater, OK 74074-1899 • Phone: 405-377-3333 • Fax: 405-377-2076

Last Name _____ First Name _____ Middle Initial _____ Name when attending MTC _____

Permanent Address _____ City _____ State _____ Zip _____

Last four of SSN _____ Date of Birth (mm/dd/yyyy) _____ Email Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date Last Attended _____ ☐ Check if Current Student Program Attended _____

Number of Transcripts Requested: _____

Please check preference of transcript delivery:

☐ Place in individual sealed envelopes

☐ Transcript(s) will be picked up by: _____
(person must show photo ID at time of pick up)

☐ Fax to: _____

☐ Email to: _____

☐ Mail to address below (applicant is responsible for complete address)

_____
Institution/Person/Agency Name

_____ _____ _____ _____
Address City State Zip

A processing time of 1-2 business days is required for all transcript requests. Students will need to indicate if they will be picking up the transcript or request sending it by mail, fax, or email.

NOTE: If you have any unpaid accounts with Meridian Technology Center, transcripts will not be issued until account is cleared through the Bursar's Office

Signature of Student: _____ Date: _____
(Authorization to Release Records)

Mail, Fax, or Email this completed form to:

Meridian Technology Center
Attn: Transcript Request
1312 S Sangre Rd
Stillwater, OK 74074
Fax: 405-377-2067 | Email:
transcript@meridiantech.edu