

Mineral Area College
P.O. Box 1000
Park Hills, MO 63601-1000
(573) 431-4593
www.MineralArea.edu

College/High School Transcript Request Form



Please complete and submit to your former high school and/or college(s).

Name _____
Last First Middle Initial Maiden

My records would be under the name of _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Social Security No. _____ Date of Birth _____

Year of Graduation _____ Dates Attended _____

Please send an official transcript of my records to:

Registrar
Mineral Area College
P.O. Box 1000
Park Hills, MO 63601-1000

\$_____ fee is enclosed for the transcript request.

Student Signature _____ Date _____