

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:

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

\$ \_\_\_\_\_ fee is enclosed for the transcript request.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_