

Milwaukee Institute of Art & Design

Transcript Request Form

Mail to:
Registrar's Office/MIAD
273 E. Erie St.
Milwaukee, WI 53202
Tel: 414-847-3273
Fax: 414-291-8077

Please PRINT

Name _____

Date _____

Address _____

Last four digits of SS# _____

City, State, Zip _____

Telephone Number _____

Other names used at MIAD _____

Email _____

SIGNATURE _____

Dates of Attendance _____

(Signature required for release of transcripts)

Select Status

- Current MIAD Student
- Previously Attended
- MIAD Graduate - Grad Date: ___/___/___
- MIAD Pre-College Student
- YOP (PSEO) Student
- Concordia Student
- Milw. Center for Photo.
- CE Teaching Credit (SCO)
- Creative Educators Institute

Standard Service

- \$5.00 per transcript – due at time of request
- Transcript mailed or ready for pick up within 48 hours
- **TOTAL NUMBER OF TRANSCRIPTS REQUESTED** _____

If transcript is to be mailed, provide complete name and address of recipient(s)

If transcript is to be picked up or mailed to you, select one of the following

- Stamp transcript "Issued to Student" (some institutions will not accept such transcripts)
- Place the transcript in a sealed envelope

Special Instructions

- Send now
- Hold for pick up
- Send after semester results are posted

Purpose of transcript

- Employment
- Transfer
- Grad School
- Other _____

Office Use Only

Amt Paid _____
Holds _____
Date _____
Record _____

Name on Credit Card _____

C.C. Number _____

Type of Card: MC VISA AMEX DISC

Expiration Date _____

IF FAXING YOUR REQUEST,
YOU MUST INCLUDE YOUR
CREDIT/DEBIT CARD
INFORMATION. AFTER
FAXING YOUR REQUEST
PLEASE CALL TO ENSURE
YOUR FAX WAS RECEIVED.

*** Transcripts will not be released until all financial obligations to MIAD have been satisfied.**