

## Transcript Request Form

Upon receipt of completed Request Form, a minimum of 1-2 business days is required to process the request. PEAK times may take longer.  
(Allow extra time for transit by mail)

### Student Information:

Name: \_\_\_\_\_  
ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Previous Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_  
Campus Attended: \_\_\_\_\_ MT Tech \_\_\_\_\_ COT/Vo-Tech

### **SIGNATURE**

***Signature** is required before transcript is released. Transcripts are not released if a student has an unpaid debt to the University, including parking fines. Please call (406) 496-4250 to see if you have an outstanding balance with the college.*

Number of Copies: \_\_\_\_\_  Official - \$3.00  
 Needed at Completion of Semester  Faxed - \$6.00  
 Overnight – Additional Charge\*\*

Payment needs to be made to the Business Office prior to the request being processed.  
Contact the Business Office at 496-4250 for payment and record the receipt number here.

Business Office Receipt # \_\_\_\_\_

**Office Use:** Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

### \*Send To:

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

\*Addresses are required for all requests being mailed out.  
Incomplete forms will not be processed and a new request, including charges, will have to be placed.

\*\* Call the Enrollment Services Office at 496-4256 to arrange payment for overnight shipments.