



# Transcript / Certificate Request Form

6305 State Road 70 East, Bradenton, FL 34203

cootsj@manateeschools.net

p: 941.751.7900 x 1013

f: 941.405.1365

Note: Transcripts will not be processed if there is an outstanding financial obligation to MTI. All requests take 7-10 business days from date received. **A scanned and emailed Photo ID required to initiate request.** Cost is \$8/request.

Social Security #: \_\_\_\_\_ or Student ID#: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mail:  Pickup:  # of copies: \_\_\_\_\_ (\$8 each)

Transcript:  Certificate:  Other: \_\_\_\_\_

Program: \_\_\_\_\_ Year: \_\_\_\_\_

Mail Requested Information To: \_\_\_\_\_ Same as Above:

College/Agency/Person: \_\_\_\_\_

Attention Of: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Payment Options

1. Cash (Do Not Submit by Mail)
2. Credit Card (Mail, Fax, Email)
3. Money Orders (Made Payable to MTI)

## Credit Card Information

Card#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Type: Visa MC Discover AMEX

Credit Card Security Code: \_\_\_\_\_  
(3 from back, or 4 on front of AMEX)

## Third Party Pick-Up (Optional)

Photo ID Required. I authorize the following person to pick-up my information.

Name: \_\_\_\_\_

Picked-Up By:

X \_\_\_\_\_

*This personal information is issued in accordance with the Family Education Rights and Pirvacy Act of 1974. It is intended for your use only. No personally identifiable information from this record may be released without the student's prior written consent. I hereby give Manatee Technical Institute permission to release my transcripts as authorized below.*

I Want a Personal Copy for My Records: Yes:  No:  Initials: \_\_\_\_\_

Student Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

PROCESSED/MAILED:

INITIALS:

DATE: