



TRANSCRIPT REQUEST

Full Legal Name _____

Student Number _____ **Phone Number** _____

Program (GIT, GBM, etc.) _____ **Year Started** _____

Number of transcripts needed _____

Send transcripts to:

1. _____

Street Address _____

City/State/Zip _____

2. _____

Street Address _____

City/State/Zip _____

3. _____

Street Address _____

City/State/Zip _____

>>> **Please enclose \$10.00 per transcript.**

CREDIT CARD AUTHORIZATION (Student Billing)

MI's Billing Department may contact you to verify credit card information. Please print clearly and accurately.

Credit Card Information

Visa Mastercard Discover American Express

Credit Card Number _____ - _____ - _____

Expiration Date _____ / _____ **CVV Number** _____
 (Month) (Year) *3 digits on the back of the CC*
 or 4 digits on the front for AMEX

Charge Amount \$ _____

Cardholder Information

Billing Address (*Must match cardholder information*)

Street Address _____

City/State/Zip _____

By signing below, I hereby authorize Musicians Institute to charge my credit card for the amount specified above for charges relating to tuition, equipment and software, or materials and supplies.

Cardholder Signature _____ **Date** _____