



**TRANSCRIPT REQUEST**

Full Legal Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Number of Transcripts Needed: \_\_\_\_\_

**Send transcript(s) to:**

1. Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

**Student Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**> > Please enclose \$35.00 per transcript <<<**

**Payment Method:**  Check (Make check payable to Musicians Institute)  Credit Card (Complete Credit Card Authorization below)

**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

American Express  Discover

Credit Card Number:  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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

CVV Number: \_\_\_\_\_

Charge Amount: \$ \_\_\_\_\_

**Cardholder Information**

**Billing Address** (Must match cardholder information)

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

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's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please submit via mail, email, or in person to the Registrar Office.*