MATC
MOUNTAINLAND APPLIED TECHNOLOGY COLLEGE
Orem • American Fork • Spanish Fork • Heber • Thanksgiving Point

Transcript/Certificate Request Form

2301 W. Ashton Blvd. Lehi, UT 84043
Phone: 801-753-MATC(6282) - Fax: 801-753-4101

Request can only be accepted by mail, fax, or in person at a MATC campus.

REQUEST IS FOR: **All financial obligations must be paid before processing.**

QTY: _____	Official Transcript:	$3.00 each	Allow 5-10 business days
QTY: _____	Unofficial Transcript:	Free	Allow 5-10 business days
QTY: _____	Duplicate Certificate:	$5.00 each	Allow 5-10 business days

PAYMENT METHOD: *Please check one or call the cashier-801-753-MATC(6282)* ***DO NOT SEND CASH***

____ Check ____ Money Order ____ Debit Card ____ Credit Card ____ Call Cashier

(Optional) Fill in below if you would like to provide payment information:

Name on card: _____ Type of Card: _____

Credit /Debit Card #: _____ Exp: _____

Billing Addres: _____ 3-Digit Verification: _____

DELIVERY METHOD: *Check One* ***PICTURE ID REQUIRED TO PICK-UP IN PERSON***

____ Mail to address provided below ____ Fax to number provided below

____ Pick up by: ____Self or ____Other *(Please list name) _____

*** If picked up by other, must accompany FERPA Information Release Form**

MAIL TO: Include institution name, attn., etc...	**FAX TO:** Include institution name, attn., etc…
_____	Number: _____
_____	_____
_____	_____
_____	_____

CLEARLY PRINT YOUR FULL LEGAL NAME: **ALL INFORMATION IS REQUIRED**

Full Legal Name: _____

Social Security #: _____ Maiden Name: _____

Address: _____ City: _____ State:_____ ZIP: _____

Phone #: _____ Birthdate: _____

Year Enrolled: _____ Program: _____

RELEASE ACKNOWLEDGEMENT: I authorize the release of my academic records to the third parties specified on this form. Additionally, I approve the delivery method indicated above.

Signed: _____ Date: _____

The Mountainland Applied Technology College does not discriminate on the basis of race, color, national origin, sex, age, or disabilities.

FOR OFFICE USE: Cashier Initials_____ Date_____

Transcript Mailed/Faxed/Put in S.S. for pick up: _____

Certificate Mailed/Faxed/Put in S.S. for pick up: _____

Certificate Tracking (fill in with date): Program Director Sig. _____ Instr. Sig. _____