

MID-PLAINS COMMUNITY COLLEGE

Transcript Request Form

Name _____
(Please Print) Last First Middle (If changed, name while attending, or previous names)

Current Address _____
Street City State Zip

Phone Number _____ Email Address _____

Social Security Number _____ Birth Date _____

Dates Attended MPCC _____ College(es) Attended: McCook _____ North Platte _____ Both _____

Mail Transcript to:

(Address must be complete for transcript to be sent)

- Send now
 Send after current semester
grades are posted
 Send after degree is posted

Name or Department

School, College, Business or Organization

Street Address

City, State, Zip

If transcripts are to be sent to more than one address, additional addresses may be listed on the back of this form.
 Please indicate that additional addresses are on the back of this form.

Signature _____ Date _____



Return completed form and \$2.00 per transcript to:
(Please make checks payable to MPCC)

MID-PLAINS COMMUNITY COLLEGE
Office of Registration and Records
601 West State Farm Road
North Platte, NE 69101

Transcripts will be mailed from MPCC within 7 working days after request is received, or as soon as possible after current grades are posted.