

## **Release of an Unofficial Transcript**

## **Via Email or Fax**

Return to: MSOE Registrar's Office 1025 North Broadway Milwaukee, WI 53202-3109 Room: CC-377

Scan and email: registrar@msoe.edu

Fax: (414) 277-6914 Phone: (414) 277-7215

Name			
(Last)	(Fir	rst)	(Middle initial)
Student number or last four digits of your S	Social Security Number		
Date of Birth	Former or other name(s)		
Current Address		Apt.	
City	State	Zip _	
Current phone ()			
Current email			
Academic Program			
Are you registered for classes at MSOE?	Yes q No If no, when did you las	st attend?	
Did you graduate from MSOE? q Yes	q No If yes, when did you gr	raduate?	
You are requesting that your unofficial transcript be emailed or faxed. By doing so, you acknowledge the following:			
All emailed and faxed transcripts are	unofficial.		
MSOE bears no responsibility for transcripts that are not delivered to the recipient due to incorrect or incomplete contact information.			
MSOE bears no responsibility for transcripts that, by human error, are sent to an incorrect fax number or email address.			
MSOE has no control over who may vertically responsibility of ensuring the confidence.	view your transcript on the receiving end. ntiality of your academic information.	. Therefore, you release	MSOE from the
Release my transcript to:			
Name (please print)			
Email address or fax number (with area cod	e)		
Company or school			
Transcripts will be sent by the end of the next business day after receiving the signed request.			
Signature (required)			