



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 \$15.00 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.