Mesabi Range College
TRANSCRIPT REQUEST FORM

Last Name  First                   Middle           (Maiden/Other Name)      Today’s Date

Student Information:

Student ID Number or last four numbers of SSN:________________________

Birth Date:___________________________________________________________

Current Mailing Address:______________________________________________

Telephone Number:____________________________________________________

When did you attend MRCTC? __________ Virginia or Eveleth campus?________

When do you need this request processed? □ Now  □ After final grades are posted  □ After degree is posted

☐ Please Mail Transcript to the Address Below:

NAME/ORGANIZATION ___________________________________________________

STREET ADDRESS/PO BOX ______________________________________________

CITY, STATE ZIP CODE ________________________________________________

☐ Please also send my Accuplacer (assessment test) scores to the above address.

X
Student Signature (Required to release transcripts and test scores)

Send completed form and payment to:

Records Office
Mesabi Range College
1001 Chestnut Street West
Virginia, MN  55792

Transcript Fees:  Copies x Fee

Official Copy - $5 each  ___ x $5 = ______

Unofficial Copy - $3 each  ___ x $3 = ______

Total Due  $________

☐ Cash  ☐ Check/Money Order (make payable to MRC)