



**REQUEST FOR OFFICIAL ACADEMIC TRANSCRIPT: CURRENT STUDENT**

A current student may authorize the release of his/her official academic transcript by completing this form with an **original** signature. The official transcript will not be released in the event of outstanding financial or other obligations to the institution.

Name: \_\_\_\_\_  
(Last name while enrolled at MCW) (First name) (Middle name)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ MCW E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Special Handling (check all that apply):**

- Please hold request until \_\_\_\_\_ grade is posted.
- Please hold request until degree is posted.
- Please complete attached documents pertaining to my academic record, and include with transcript.
- Please include Dean's Letter/MSPE with transcript.
- Please hold transcript for pick up from the Office of the Registrar
- \$25.00 Domestic delivery via FedEx (no P.O. box), Recipient Telephone: \_\_\_\_\_
- \$50.00 International delivery via Fed Ex (no P.O. box), Recipient Telephone: \_\_\_\_\_
- Other: \_\_\_\_\_

**Send Transcript to:**

Name/Organization: **Electronic Residency Application Service**

Address: **Via Electronic Upload**

I hereby authorize the Medical College of Wisconsin to complete any attached documents pertaining to my academic record submitted with this form, and to process this request for an official academic transcript.

Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

Return this **signed** form in person to: \_\_\_\_\_ or Return this form by emailing a PDF of the **signed** form to [acadreg@mcw.edu](mailto:acadreg@mcw.edu)  
Medical College of Wisconsin from your MCW email account.  
Office of the Registrar, M3125  
8701 Watertown Plank Road  
Milwaukee, Wisconsin 53226  
(414) 955-8733