



# ATS Institute of Technology

www.atsinstitute.edu

25 East Washington, Suite 200  
 Chicago, IL 60602  
 Phone 312-214-2000 Fax 312-277-2500

## OFFICIAL ACADEMIC TRANSCRIPT REQUEST FORM

**Transcript will be withheld if student has any outstanding obligations or requirements with ATS.**

Date of request: \_\_\_\_\_

Name (while attending ATS): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_

Address (while attending ATS): \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Status (circle one):      Enrolled                      Completed/Graduated

***All transcripts are processed for a fee paid by money order or credit card.***

***Standard processing - \$5.00 per transcript. They are mailed in one (1) to three (3) weeks***

***Same-day processing - \$10.00 per transcript; they are mailed the same day payment is received.***

***All transcripts are sent by regular mail***

<b>I hereby give permission to ATS Institute of Technology to release my transcript to the following:</b>	<b>I hereby give permission to ATS Institute of Technology to release my transcript to the following:</b>
Name of Company/School: _____	Name of Company/School: _____
Attention of: _____	Attention of: _____
Address: _____	Address: _____
Number of Transcripts Requested: _____	Number of Transcripts Requested: _____
Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing ) <input type="checkbox"/> Same-Day Processing (\$10.00 per transcript)	Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing ) <input type="checkbox"/> Same-Day Processing (\$10.00 per transcript)



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<b>I hereby give permission to ATS Institute of Technology to release my transcript to the following:</b>	<b>I would like to have my transcript sent to myself (the student) at the following current address:</b>
Name of Company/School:	Current Name:
Attention of:	Title (optional):
Address:	Current Address:
Number of Transcripts Requested:	Number of Transcripts Requested:
Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing ) <input type="checkbox"/> Same-Day Processing (\$10.00 per transcript)	Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing ) <input type="checkbox"/> Same-Day Processing (\$10.00 per transcript)

<p>I authorize ATS Institute of Technology to charge the credit card listed below for the fee checked:</p> <p>Total Amount Due: _____</p> <p>Exact Name as listed on Credit Card: _____</p> <p>Credit card billing address: _____  <small>Address, City, State, Zip Code</small></p> <p>Credit Card Holder Signature: _____</p> <p>Credit Card #: _____</p> <p>Type of Card: _____ Expiration Date: _____</p> <p>3-digit code from back of card: _____</p> <p><i>** If you are notified that the card was declined, you will have to come in to ATS to pay the fee by money order. Charge will appear as "MDT College of Health Sciences."</i></p>
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Payment Received: Money Order or Credit Card (Office Use Only)

Student Signature: \_\_\_\_\_