



ATS Institute of Technology

www.atsinstitute.edu
25 East Washington, Suite 200
Chicago, IL 60602
Phone 312-300-0980 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

All transcripts are sent by regular mail

I hereby give permission to ATS Institute of Technology to release my transcript to the following:	I hereby give permission to ATS Institute of Technology to release my transcript to the following:
Name of Company/School: _____	Name of Company/School: _____
Attention of: _____	Attention of: _____
Address: _____	Address: _____
Number of Transcripts Requested: _____	Number of Transcripts Requested: _____



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I hereby give permission to ATS Institute of Technology to release my transcript to the following:	I would like to have my transcript sent to myself (the student) at the following current address:
Name of Company/School:	Current Name:
Attention of:	Title (optional):
Address:	Current Address:
Number of Transcripts Requested: _____	Number of Transcripts Requested: _____

I authorize ATS Institute of Technology to charge the credit card listed below for the fee checked:	
Total Amount Due: _____	
Exact Name as listed on Credit Card: _____	
Credit card billing address: _____ <small>Address, City, State, Zip Code</small>	
Credit Card Holder Signature: _____	
Credit Card #: _____	
Type of Card: _____	Expiration Date: _____
3-digit code from back of card: _____	
<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>	

Payment Received: Money Order or Credit Card (Office Use Only)

Student Signature: _____



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Graduate Survey

(completed no earlier than 6 months post-graduation)

Program Success

1. Were you satisfied with your educational training? Yes No
2. Do you feel that MDT's education and training prepared you for employment? Yes No
3. Were you satisfied with career planning services? Yes No
4. Any suggestion for continued improvement of our program.

Employment Information

5. Are you currently employed as an LPN? Yes No

If yes, where do you work? _____

When did you start your job? _____

If no,

- Do you have a position pending LPN license? Where? _____

- Are you attending college? If so, where? _____