



Transcript Request Form

Instructions for Requests: Please fill out all relevant information on this form. Be sure to provide the student's name at time of graduation (maiden name, etc.) The fee for transcript duplication is \$50.00 plus shipping, payable in advance. Please note the payment information section at the bottom of the form. If the Requestor is not the student, you must include a signed release from the student or student's legal representative.

Please send or fax the form to the following locations:

MetalQuest address: PO Box 46364, Cincinnati, OH 45246 Fax: 513.242.5059

Questions? retrieve@metalquest.com or call 513.693.4365

Date of Request:		Hospital or Nursing School:	
Requestor's Name:		Requestor's relationship to Student:	
Requestor's Organization:		Other Pertinent Information:	
Student's Name:			
Year of Graduation:		Requestor's Signature:	
Bill-To Information (Same as Credit Card)		Ship-To Information	
Bill-To Name:		Ship-To Name:	
Bill-To Address:		Ship-To Address:	
Bill-To City, State & Zip:		Ship-To City, State & Zip:	
Bill-To Email:		Ship-To Email	
Bill-To Contact	Phone:	Ship-To Contact:	Phone:
Paying By: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card		Item	Charge
Credit Card Number: (Visa & MC ONLY)		Standard transcript Fee	\$50.00
Expiration: (mm/yy)		(USPS Only. Circle One) Standard Shipping	\$10.00
		Expedited Shipping	\$25.00
CCV #: (back of card, last three digits)		Total	