



MIDWEST COLLEGE
of cosmetology

REQUEST FORM

I hereby authorize you to release the following items for use in the admissions process by Midwest College of Cosmetology.

Academic Transcript Immunization Record

PRINTED NAME _____

MAIDEN NAME (IF APPLICABLE) _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NAME OF INSTITUTION _____

GRADUATION DATE _____

SIGNATURE _____

DATE _____

PLEASE NOTE!

All academic transcripts must be original documents bearing the date of graduation as well as the institutional seal and signature of the institution's registrar. They must be submitted in the original, sealed envelope from the institution.

**PLEASE RETURN
RECORDS BY**

Mail

Fax

Fax now and mail original

Office of Admissions
755 West Raab Road
Normal, IL 61761
T 800.811.2228
P 309.451.1373
F 309.451.0443