University of Missouri-Columbia

REQUEST FOR OFFICIAL TRANSCRIPT

Student Number: _____

Soc. Sec. Number: _____ – ____ – _____

If you are requesting transcripts be sent to more than two addresses, complete a separate form or attach a sheet listing additional addresses. Transcripts will not be released until delinquent accounts have been paid. Transcripts held for current session grades or degrees are mailed approximately two weeks after the end of the term. Those held for degree posting are mailed approximately 6-8 weeks after the end of the term. Your original signature must be included. Computer generated signatures are not valid. All transcripts are mailed by regular first-class mail unless a prepaid, pre-addressed priority mail envelope is included with request.

STUDENT INFORMATION

1. **Name While Enrolled**

   _____
   Last First Middle

2. **Current Address and Telephone Number**

   _____
   Number and street, apartment or box number

   _____
   City State ZIP Country

   _____
   (Area Code) Telephone number

3. **Date of Birth** Month _____ Day _____ Year _____

4. **Enrollment Status** ☐ Currently enrolled on campus
   ☐ Last enrolled (year): _____

PAYMENT INFORMATION

5. **Amount due** $_____ **Payment enclosed** $_____

6. **Method of payment**
   ☐ *Cash*
   ☐ *Check or money order*
   ☐ *Credit card:* ☐ VISA ☐ MASTERCARD ☐ DISCOVER

   Credit card number: _____

   Expiration date (MM/YY): _____

RECIPIENT INFORMATION

☐ **FAX** transcripts ($15.00 per copy) to:

_____ _____ _____
QTY (Area Code) Fax number ATTN: (Recipient name)

☐ **MAIL** transcripts ($10.00 per copy) to the address(es) listed below and indicate the number of transcripts to be sent.

_____ _____
QTY **Recipient name (#1)**

_____
Number and street, apartment or box number

_____
City State ZIP Country

_____ _____
QTY **Recipient name (#2)**

_____
Number and street, apartment or box number

_____
City State ZIP Country

☐ **Send transcript now** ☐ **Hold for grades** ☐ **Hold for degree** — *Term:* _____

STUDENT SIGNATURE (required)

I authorize the release of my transcript to the above listed address(es).

_____
Signature Date

Mail completed request to: Transcript Department, University of Missouri-Columbia, 125 Jesse Hall, Columbia, MO 65211-1140 or **Fax to:** 573-884-8382.