

REQUEST FOR OFFICIAL TRANSCRIPT

Student Number: _____
Soc. Sec. Number: _____ - _____ - _____

If you are requesting transcripts be sent to more than one address, 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 are mailed approximately two days after the end of the term. Those held for degree posting are mailed approximately 6-8 weeks after the end of the term. Your written signature must be included. 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	Maiden
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2. Current Address and Telephone Number

Number and street, apartment or box number

City	State	ZIP	Country
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(Area Code) Telephone number	Email Address
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3. Date of Birth Month _____ Day _____ Year _____

- 4. Enrollment Status**
- Currently enrolled on campus
 - Last enrolled (year): _____
 - Completed any Correspondence Course Prior to 2002

PAYMENT INFORMATION

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

6. Method of payment

- Cash Check or money order
- Student Charge (current students only)
- Credit card: VISA MASTERCARD DISCOVER AMEX

Credit card number: _____

Expiration date (MM/YY): _____

7. Send transcript now Hold for grades Hold for degree - Term: _____

RECIPIENT INFORMATION

- I will pick up transcripts now. (\$15.00 per copy)
 Note: Some institutions will not accept transcripts unless they are mailed by the University Registrar.

QTY

- FAX** transcripts (\$15.00 domestic/\$20.00 international per copy) to:

QTY	(Area Code) Fax number	ATTN: (Recipient name)
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- MAIL** transcripts (\$15.00 per copy) to the address listed below and indicate the number of transcripts to be sent.

QTY Recipient name

Number and street, apartment or box number

City	State	ZIP	Country
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- Electronic Delivery** (\$15.00 per copy) to the email address below
 (Not available for records before 1975 or correspondence courses before 2002)

QTY Your Current Email Address

Recipient Name

School/Company

Recipient Email Address

STUDENT SIGNATURE (required) Computer generated signatures are not valid. I authorize the release of my transcript to the above listed address(es).

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