

# Missouri University of Science and Technology Request for Official Transcript

Student ID: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Current Name (first middle last): \_\_\_\_\_

Name While Attending Missouri S&T: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you currently enrolled at Missouri S&T? \_\_\_\_\_ If not, when were you last enrolled at Missouri S&T? \_\_\_\_\_

Are you a CDIS student? \_\_\_\_\_ If so, when did you complete the course? \_\_\_\_\_

- Transcripts fees are \$10 per copy.
- To FAX a transcript, there will be an additional \$5.00 fee for domestic faxes and a \$15.00 fee for international faxes. You must include the name and FAX number of the individual to whom the fax is to be sent.
- 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.
- All transcripts released to a student are stamped "Issued to Student." Some institutions will not accept transcripts unless they are mailed by the Registrar.
- Transcripts held for current session grades or degrees are mailed approximately two weeks after the end of the term.
- Your original signature must be included. Computer generated signatures are not valid.

Enter below the addresses to which transcripts are to be sent and the number to be sent to each address.

Mail _____ copies to address printed below. Name: _____ Address: _____ Address: _____ City/State/Zip: _____ Country: _____	Fax _____ copies to name printed below. Name: _____ Company: _____ Fax Number: _____
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SEND TRANSCRIPT NOW                  HOLD FOR GRADES                  HOLD FOR DEGREE: TERM \_\_\_\_\_

I authorize the release of my transcript to the above listed address. **Student signature required.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transcript Fees: \$10.00 per copy.

Check Method of payment:                  Cash                  Check or Money Order                  Credit Card

Amount due: \$ \_\_\_\_\_                  Payment enclosed: \$ \_\_\_\_\_

Charge to my:    VISA    MASTERCARD    DISCOVER    Expiration date (mm/yy): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_                  3 Digit Security Code #: \_\_\_\_\_

**Mail to:**  
 Missouri University of Science and Technology  
 Office of the Registrar  
 103 Parker Hall  
 300 West 13<sup>th</sup> Street  
 Rolla, MO 65409-0930

**or FAX to:**  
 Missouri University of Science and Technology  
 Office of the Registrar  
 (573) 202-2392 or (573) 341-4362