

**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: _____
	Email _____ copies to name printed below. Name: _____ Company: _____ Email Address: _____ Repeat Email: _____

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 #: _____ * _____ * _____ *

Mail to:

Missouri University of Science and Technology
Office of the Registrar
103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930

or FAX to:

Missouri University of Science and Technology
Office of the Registrar
(573) 341-4362