



Transcript Special Instructions Form

Missouri University of Science and Technology
Office of the Registrar

103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
Fax: (573) 341-4362
registrar@mst.edu
<http://registrar.mst.edu/>

Printed Name: _____

Student ID or last 4 of SSN: _____ Date of Birth: _____

Phone: _____ Email: _____

Information about certification, authentication, and apostilles:
<https://s1.sos.mo.gov/business/notary/notary/certify>

Transcript needs to be: Notarized Apostilled Signature on Envelope Seal

Number to be notarized/apostilled/signed seal: _____

- All holds must be removed. Official transcripts will not be released for students with a transcript hold on their account.

Does this need to be: Mailed Picked Up

Address to be mailed to: _____

If requesting picking up in office, will you be the one to get the transcript? Yes No

If you are unable to pick up your official transcript yourself, you can authorize someone to pick it up on your behalf.

I authorize _____ to pick up my transcript on my behalf.

- The person authorized to pick up the documents will be required to show photo ID at the time of pickup.

By signing below you agree that you have read and understand the information provided. This form requires a hand written signature and requires being picked up from the Office of Registration and Records. Processing notarized transcripts can take 3-5 business days.

Signature _____

Date _____

Return completed form by uploading it as an attachment with your transcript request in the National Student Clearinghouse Transcript Request Center. If you have any questions, please contact us at registrar@mst.edu or 573-341-4181.