Official Transcript Request

Revised 7/23/14

901 S. National Avenue • Carrington Hall • Room 320 • Springfield, MO 65897
Ph (417) 836-5520 • Fax (417) 836-6334 • Office Hours: Monday - Friday 8:00am - 5:00pm, Thursday 9:00am - 5:00pm



If requesting a transcript be mailed to a company/educational institution, we **highly encourage** you to complete the online form here: http://www.missouristate.edu/transcripts/. Submitting a transcript request online will help speed up the processing of your request.

You may also submit your completed paper form and payment one of the following ways:

- By mail to Office of the Registrar, Missouri State University, 901 S. National Ave., Springfield, MO 65897
- By e-mail as .pdf attachment to Registrar@missouristate.edu (credit card payment required)
- By fax to (417) 836-6334 (credit card payment required)

Requests are typically processed in 1-2 business days. Payment can be made by cash (in office only, exact amount required), credit card, check, or money order. Please allow 7-10 business days for domestic delivery.

OFFICE USE ONLY						
Holds clear? Yes / No						
Amount: \$	5					
Method:	Cash	Check	Credit	Money Order		
Taken by:						
Processed by:						
Date Processed:						

Student Name:			Student ID*		
Last	First	M.I.	Student ID:		
Former Names (if applicable):			Date of Birth://		
			MM DD YYY		
Last year attended if prior to 1985:	Daytime Phone: _()_	= E-ma	ail:		
Street, Apt. #		Clty	State Zip Code		
Signature:			Today's Date:/ / MM DD YYY		
HOLD TRANSCRIPT FOR GRADES	/ DEGREE & SPECIAL INSTRU	CTIONS AND REQUESTS			
Select one (if applicable):	Special Instructions and Requests				
☐ Hold for current semester grades					
☐ Hold for degree posting (if graduating at the end of the current semester)					
DELIVERY OPTIONS (select all the			1.2,0,0,0,0		
☐ Pick-up in person at the Office of the	Registrar	☐ Mail transcript to:			
☐ Pick-up in person by someone other	_				
Registrar	than yourself at the office of the	Individual's Name and/or Office			
NOTE: The person you authorize to pick-up your	transcript will be required to show Picture ID				
in order for your transcript to be released.		Company or Educational Institution	1		
Name:	Last Name (print)	Address 1			
. ,	<u>"</u> '				
# of copies in sealed envelope:	x \$5.00 per copy	Address 2			
	Subtotal: \$				
☐ Fax transcript to:		City State Zlp Code			
		NOTE: Overnight delivery <u>cannot</u> be made to a PO Box <u>OR</u> International addresses . Payment must be received no later than 2:00pm for delivery to be sent the same day requested.			
Fax Number			, ,		
Attention		# of copies in sealed envelope:			
NOTE: Some businesses/institutions may not accept	a faxed transcript as official. Please check	# of copies for overnight delive	ery: x \$5.00 per copy + \$20.00 overnight fe		
with receiver before ordering.	a lakea transcript as omeian i rease arean		Subtotal: \$		
# of copies in sealed envelope:	x \$5.00 per copy		Subtotal: 3		
	Subtotal: \$	PAYMENT TOTA	AL: \$		
PAYMENT INFORMATION (Payme	ent must accompany the requ	est. There are no refunds o	on transcript request.)		
elect one: 🗖 American Express 💆 Disco	ver MasterCard Visa	NOTE: Credit/del	bit cards are subject to a 2.75% processing		
Card Number:		Expiration Date:	Security Code: (This is a 3 or 4 digit code found the back of your credit card.)		
Credit Card Holder's Name: ☐ Check if same as above			the back of your credit card,)		
redit Card Billing Address:					

☐ Check if same as mailing address

Street, Apt.#

City

State

Zip Code

RRG\Forms