TRANSCRIPT REQUEST FORM

ATTN: ACADEMIC RECORDS
ONE TECHNOLOGY DRIVE
LINN, MO  65051
TELEPHONE # 573-897-5000 or 800-743-8324

SCAN AND E-MAIL TO: registrar@statetechmo.edu – when emailing your request, send request as an Attachment only and make the Subject: Transcript Request – (Your Name) otherwise your email will not be opened

* If name has changed since attending please include both names

NAME:     ________________________________________________  
         * Last   First        Middle        Maiden

ADDRESS:       ________________________________________________  
               Street     PO Box

               City     State  Zip Code

               Student ID # (if known)   Telephone Number

               SSN (if ID # is not known)   Date of Birth

               Major   Date of Attendance

               E-mail Address

I AUTHORIZE THE ACADEMIC RECORDS OFFICE TO RELEASE MY TRANSCRIPT TO:

NAME:       _____________________________________________________

ADDRESS:  _____________________________________________________

_____________________________________________________

_____________________________________________________

___________________________   _________________
Signature      Date

(Signature cannot be typed or blank.)

PLEASE CHECK ALL THAT APPLY:

_____ DEADLINE/DUE DATE:

_____ EMAIL TRANSCRIPT (UNOFFICIAL) TO:

_____ MAIL NOW (OFFICIAL)

_____ MAIL WHEN SEMESTER GRADES ARE POSTED

_____ MAIL WHEN GRADUATION INFORMATION IS POSTED

_____ PICK UP – TIME TO BE PICKED UP: __________

FOR OFFICE USE ONLY

DATE SENT ________________

INITIALS __________________