



TRANSCRIPT REQUEST

Records Office

University of Missouri - St. Louis
One University Boulevard
St. Louis, MO 63121

Phone: (314) 516-5676 Fax: (314) 516-7096

For Cashier's Use

Transcript fee: \$5.00 PER COPY

Current Name _____

Social Security # _____
(required only if student number is unknown)

Present Address _____

City _____ State _____ Zip _____

UMSL Student Number _____

Name While Attending _____

Birth Date _____

Home Telephone # _____

Business Telephone # _____

Student Signature (required) _____ Date _____

Form of payment for \$5.00 Transcript Fee (circle one): Cash Check Credit Card

Credit Card Number: _____ Expiration Date: _____

Are you a registered student for the CURRENT semester? YES NO

If no, what is the last year that you enrolled at UM-St. Louis: _____

TRANSCRIPT INSTRUCTIONS: Any transcript given or mailed to the student will be unofficial and stamped "Issued To Student"

1. Take with me. (It is not necessary for you to complete the mailing label below)
2. Send immediately.
3. Hold request for current semester Fall Winter Summer
4. Hold request for posting of degree or certificate.
5. Hold for (specify): _____

Please send _____ to the following address:
of transcripts

Name: _____

Address: _____

City, St. Zip: _____

Please send _____ to the following address:
of transcripts

Name: _____

Address: _____

City, St. Zip: _____