# Transcript Request Form

**UMSL Student Number** __________________________

**Name While Attending** __________________________

**Social Security #** __________________________

(required only if student number is unknown)

**Birth Date** __________________________

**Present Address** __________________________

**Home Telephone #** __________________________

**City** __________________________ **State** __________________________ **Zip** __________________________

**E-mail Address** __________________________

**Student Signature (required)** __________________________ **Date** __________________________

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**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:

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**TRANSCRIPT INSTRUCTION:** Any transcript given or mailed to the student will be stamped “Issued To Student” and may be considered unofficial by the receiving party.

1. _____Take with me. (It is not necessary for you to complete the mailing label below)
2. _____Send by: Mail _____Fax _____E-delivery_______
3. _____Send immediately.
4. _____Hold request for current semester grades. _____Fall _____Spring _____Summer
5. _____Hold request for posting of degree or certificate.
6. _____Hold for notation: “Missouri General Education Requirements Met”.
7. _____Hold for (specify): __________________________

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Please send ______ copy(s) to the recipient below. Choose Delivery Method  ____Mail  ____Fax  ____Email  ____ETX

**Name:** ______________________________________

**Address:** __________________________

**City, State, Zip:** __________________________

**Email:** __________________________ **Fax:** __________________________

**ETX:** __________________________

---

**Name:** ______________________________________

**Address:** __________________________

**City, State, Zip:** __________________________

**Email:** __________________________ **Fax:** __________________________

**ETX:** __________________________

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**Transcript Fee:**  
- **Paper Transcripts** $10 per copy  
- **Electronic Transcripts** $5 per copy

**Form of payment (check one)  ____Cash  ____Check  ____Credit Card**

**Credit Card Number:** __________________________

**Expiration Date:** __________________________