



Transcript Request

For your convenience in requesting your records to be sent to our institution from any previous school(s) you have attended, feel free to make and complete as many copies of this form as you need. You may wish to contact the school(s) from which you are requesting the record(s) in order to determine the cost of an official transcript before mailing this request.

Dear Registrar,

Please send an official copy of my academic transcript directly to:

**Director of Admissions
University of Missouri - St. Louis
One University Blvd.
St. Louis, MO 63121-4400**

Enclosed is \$ _____ to cover the cost of this transaction.

My name: _____
(Last) (First) (M.I.)

If applicable, maiden or last name while attending: _____

Social Security No.: _____

Birth date: _____

Semester and year of last attendance: _____

Degrees earned: _____

(Signature) (Date)

(Street Address)

(City) (State) (Zip)

Note: No hand-carried transcripts will accepted by the University of Missouri - St. Louis. Applicants with less than 24 credit hours must also have a final high-school transcript sent.