

**\$10.00 FEE PER TRANSCRIPT
CHECK OR MONEY ORDER ONLY
NO CASH**

TRANSCRIPTS TO BE MAILED

PLEASE PRINT ALL REQUESTED INFORMATION

Name (Last, First, MI)

Student ID (or SSN)

Maiden or other name(s)

Date of Birth

Daytime Phone #

Currently enrolled at MU?

Did you graduate from MU?

Yes No If no, date last attended: _____

No Yes If yes, date: _____

MAIL TRANSCRIPTS

___ Immediately **OR** After one of the following:

___ After posting grades for: (check one) ___ Fall ___ Winter ___ Spring
___ First Summer ___ Second Summer ___ Third Summer

___ After posting degree for: (check one) ___ Fall ___ Winter ___ Spring
___ First Summer ___ Second Summer ___ Third Summer

Mail ___ # copy(ies) to:

Mail ___ # copy(ies) to:

___ Special Request (in signed, sealed envelope)

___ Special Request (in signed, sealed envelope)

Address 1 (include addressee and full address)

Address 2 (include addressee and full address)

Student Written Signature (required)

Date

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PLEASE ALLOW 3 - 5 BUSINESS DAYS FOR PROCESSING.