

# Missouri Western State University Transcript Request Form

Your signature is **REQUIRED** in order for us to release a copy of your transcript.

Therefore, this form must be printed and mailed or faxed to the following:

**Mailing Address:**

Missouri Western State University  
Registrar's Office, Eder 102  
4525 Downs Drive  
St. Joseph, MO 64507

**Fax Number:** 816-271-4229

**Transcript Fee:** \$5.00 per mailed copy and \$5.00 per faxed copy (payment is due before request will be processed). Transcripts will not be released if a debt exists with the university.

**Please type this information and print this form:**

Current Full Name: \_\_\_\_\_ Student I.D. Number (G # or SSN): \_\_\_\_\_  
Former Last Name(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Currently enrolled at MWSU?  Yes  No  
City: \_\_\_\_\_ Last term of attendance:  Fall  Spring  Summer year \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Graduated from MWSU?  Yes  No

**Special Instructions** (Mark only one)

Issue immediately  Issue after  Fall  Spring  Summer term grades are recorded  
 Issue after  Fall  Spring  Summer graduation recorded

**Mail Official Transcript to (\$5.00 charge):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Fax Unofficial Transcript to (\$5.00 charge):**

Name: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**Office Use Only**

Payment: Check \_\_\_\_\_  
Cash \_\_\_\_\_  
Credit Card \_\_\_\_\_  
Amount: \_\_\_\_\_  
Date Sent: \_\_\_\_\_  
Notes: \_\_\_\_\_

**You must sign and date this form after printing:**

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Note:** Allow 48 hours for processing. Please submit payment with request. Contact 816-271-4211 with questions.

# Missouri Western State University Transcript Request Form

## Credit Card Payment

---

**Credit card payment must include the following:**

Student Name: \_\_\_\_\_

Student I.D. Number (G # or SSN): \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

VISA     MASTERCARD     DISCOVER

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Exp.: \_\_\_\_ / \_\_\_\_    CVV #: \_\_\_\_\_

Number of **mailed** transcripts requested: \_\_\_\_\_    Amount Due (\$5.00 per copy): \_\_\_\_\_

Number of **faxed** transcripts requested: \_\_\_\_\_    Amount Due (\$5.00 per copy): \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_