

Northwest Missouri State University - Official Transcript Request

MAIL REQUEST TO: Office of the Registrar, Northwest Missouri State University,
800 University Drive, Maryville, MO 64468
Phone (660) 562-1151

Requests by mail must include payment by cash, check or money order. **Credit cards cannot be used when requesting by mail.**

Full Name _____
First Middle Last

Former Name _____
First Middle Last

Student ID Number *(if known)* _____ Social Security Number _____

Present Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell/Daytime Phone _____

Email Address _____ Birthdate _____

Dates of Attendance *(if known)* _____

Send transcript(s): Now Hold until Trimester Ends Hold for Degree

Recipient 1 Name *(required)* _____

____ copies: Address _____

Address _____

City _____ State _____

Zip Code _____ Country _____

USPS Mail (\$5 ea) Express Mail (\$25 – limit 3) International FedEx (\$45 – limit 3)

FAX (\$10 ea) FAX # _____ ATTN *(required)* _____

Recipient 2 Name *(required)* _____

____ copies: Address _____

Address _____

City _____ State _____

Zip Code _____ Country _____

USPS Mail (\$5 ea) Express Mail (\$25 – limit 3) International FedEx (\$45 – limit 3)

FAX (\$10 ea) FAX # _____ ATTN *(required)* _____

NOTICE: PLEASE DO NOT REQUEST TRANSCRIPTS MORE THAN 30 DAYS IN ADVANCE.

I authorize the release of my transcripts to the above listed recipient(s)/address(es).

Legal Signature _____ Date _____