



REQUEST FOR OFFICIAL TRANSCRIPT

Southeast Missouri State University
One University Plaza
Cape Girardeau, MO 63701
Office (573) 651-2250, Fax (573) 651-5155

Please allow a minimum of 2 working days to process this request even if you request overnight mailing. Processing times may be longer at the beginning and end of semesters. Transcripts will not be released if you have a past due financial obligation to the University. **Transcript fees may be billed to your student account or permanent address on file or paid at the Cashier's Office in person or by phone with Student Financial Services at (573) 651-2253.**

Name: _____ Student ID #: _____

Any Previous Names: _____ Birthdate: _____

Home Phone Number: _____ Cell Phone Number: _____

Current Mailing Address: _____
Street City State Zip

Dates Attended (i.e. 1992-1996): _____ Degree(s) Obtained: _____

Email Address (Used to notify you of your request status): _____

CHECK ONE: Process Immediately Process after current semester grades are posted Process after degree is posted

SIGNATURE: _____ Date: _____

Without your signature, your request will NOT be processed.

1) Fill in # of copies. 2) Check pick up, mail, or FAX option. 3) Provide necessary info. 4) Be sure you **signed** this form.
Request #1

_____ Number of copies requested. (Transcripts are \$5 a copy)

- I will pick up in Registrar's Office.
- Please allow _____ to pick up transcript in Registrar's Office.
- Please mail to: *Include complete name and address or this form will be returned to you.*

CHECK ONE: Standard Mail Overnight mail within the US (\$5 for each transcript and \$25 for each address.)

- FAX** to _____ Attn: _____ then mail to address above.
(\$5 per transcript and \$2 fax fee) (Please make sure the receiver will accept faxed transcripts. Many places will not.)

Special Instructions:

Request #2

_____ Number of copies requested. (Transcripts are \$5 a copy)

- I will pick up in Registrar's Office.
- Please allow _____ to pick up transcript in Registrar's Office.
- Please mail to: *Include complete name and address or this form will be returned to you.*

CHECK ONE: Standard Mail Overnight mail within the US (\$5 for each transcript and \$25 for each address.)

- FAX** to _____ Attn: _____ then mail to address above.
(\$5 per transcript and \$2 fax fee) (Please make sure the receiver will accept faxed transcripts. Many places will not.)

Special Instructions:

FOR ADDITIONAL REQUESTS, PLEASE USE THE BACK OF THIS FORM OR ATTACH MORE PAGES.