



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 charges will be billed to you at the address below or you may pay in advance at the Cashier's Office or by calling Student Financial Services at 573-651-2253.

Name: _____ Student ID #: _____

Previous Names: _____ Birthdate: _____ Phone number: _____

Your current mailing address: _____
Street City State ZIP

Approximate dates of attendance: _____ Degree(s) obtained: _____

_____ Process Immediately

_____ Process after current semester grades are available for the _____ semester

_____ Process after degree is posted at the end of the _____ semester _____ undergraduate _____ graduate

Email address: _____

This email address will be used to update your records and to notify you of your request status.

SIGNATURE _____ Date _____

Without your signature, this form will be returned to you

Request #1

_____ I will pick up _____ (number of copies) in the Registrar's Office (\$5 each)

_____ Please allow _____ to pick up _____ (number of copies) transcript in the Registrar's Office (\$5 each)

_____ Please mail to address below using

_____ (number of copies) standard mail (\$5 each)

_____ (number of copies) overnight mail within the US (\$5 for each transcript and \$25 for each address)

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

Name and Address: _____

Special instructions:

Request #2

_____ I will pick up _____ (number of copies) in the Registrar's Office (\$5 each)

_____ Please allow _____ to pick up _____ (number of copies) transcript in the Registrar's Office (\$5 each)

_____ Please mail to address below using

_____ (number of copies) standard mail (\$5 each)

_____ (number of copies) overnight mail within the US (\$5 for each transcript and \$25 for each address)

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

Name and Address: _____

Special instructions:

For additional requests please use the back of this form or attach additional pages.