

High School Transcript Request Form

Complete all applicable fields, typing or writing legibly; failure to do so will result in processing delays. Your written signature (and parent/guardian signature if under 18 years of age) is required. Courses are reflected on transcripts after 7 days of course being completed. Upon receipt of this request, allow 7-10 days for **processing** and additional shipping time. If you need faster shipping, contact Student Support Services at (855) 256-4975 for expedited overnight shipping and additional fee information.

Student Name: _____ DOB: _____ Enrollment Status:

Last First Middle Date of Birth MM/DD/YYYY

Are you an NCAA or NAIA Student? No Yes – Athlete’s ID #: _____

Current contact information: _____ Student email Student phone number

Current Student
 Grad - Mizzou Academy
 Non-Graduate
 Withdrawing from our program

Please choose type of delivery – each box chosen equals one request

Recipient #1 Information*

Recipient #2 Information

SEND **Unofficial** transcript to:

FAX (Area Code) + Number or email address

SEND **USPS Mail Official** transcript

Recipient name #1*

Address

City State Zip Country

SEND **Unofficial** transcript to:

FAX (Area Code) + Number or email address

SEND **USPS Mail Official** transcript

Recipient name #2

Address

City State Zip Country

To have transcripts sent to more than two recipients, complete a separate form.

Student Signature _____	Date _____	Parent Signature (if student is under 18) _____	Date _____
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Processing Fees - per request	
Faxed (or emailed) Unofficial	Mailed Official
\$10 Domestic	\$10 Domestic (USPS)
\$15 International	\$15 International (Air Mail)

PAYMENT INFORMATION (*One complimentary request per academic year)

*****Transcript requests will be accepted by FAX or Postal Mail only*****

Number of Mailed Official Transcripts _____ x _____ = _____

requested Fee price Total

Number of Unofficial Transcripts _____ x _____ = _____

requested Fee price Total

USPS = United States Postal Service

Total fees _____

Method of Payment:

- Check or Money Order
- Credit Card (**Fax or postal mail this form ONLY**)

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Card Holder Signature _____ Date _____ Contact information: email or phone number _____

Name on Credit Card _____ Credit Card Number _____ Expiration Date _____ Credit Card Billing Address (include zip code) _____