



STATE TECHNICAL COLLEGE of MISSOURI TRANSCRIPT REQUEST FORM

ATTN: ACADEMIC RECORDS

ONE TECHNOLOGY DRIVE

LINN, MO 65051

TELEPHONE # 573-897-5000 or 800-743-8324

FAX # 573-897-4656

SCAN AND E-MAIL TO: registrar@statetechmo.edu

*** If name has changed since attending please include both names**

NAME:

* Last

First

Middle

Maiden

ADDRESS:

Street

PO Box

City

State

Zip Code

Student ID # (if known)

Telephone Number

SSN (if ID # is not known)

Date of Birth

Major

Date of Attendance

E-mail Address

I AUTHORIZE THE ACADEMIC RECORDS OFFICE TO RELEASE MY TRANSCRIPT TO:

NAME:

ADDRESS:

Signature

(Signature cannot be typed or blank.)

Date

PLEASE CHECK ALL THAT APPLY:

EMAIL TRANSCRIPT (UNOFFICIAL) TO: _____

DEADLINE/DUE DATE: _____

MAIL NOW

MAIL WHEN SEMESTER GRADES ARE POSTED

MAIL WHEN GRADUATION INFORMATION IS POSTED

FAX (UNOFFICIAL) # _____

PICK UP (UNOFFICIAL) – TIME TO BE PICKED UP: _____

FOR OFFICE USE ONLY

DATE SENT _____

INITIALS _____