

University of Central Missouri - Request for Official Transcripts

Registrar's Office; WDE 1000, Warrensburg, Missouri 64093; Phone (660) 543-4914; FAX (660)543-8400; transcripts@ucmo.edu

Transcripts are \$10 each (\$15 if mailed outside of the U.S.) and can be mailed, faxed, or e-mailed.

Transcripts cannot be faxed outside of the U.S. **Faxed transcripts may not be considered official by the receiving institution.**

Check with the recipient before making your request for a faxed transcript.

Transcript fees are non-refundable. *Transcripts are not provided if you have a financial hold.*

Print **Your Name** (for contact purposes): _____
(Last, First, MI)

Student # or SSN: _____ Date of Birth(mm/dd/yyyy): _____

Your Address: _____
(for contact purposes – not where we are sending the transcript)

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell/Daytime Phone: (_____) _____

E-Mail Address: _____

Choose one: I am currently enrolled at UCM I last attended: _____
(semester, year)

Send transcript(s): Now Hold for grades* Hold for degree*

(*Only check this if your final grades **do not** already show on your unofficial transcript/Central Degree Audit. Grades are available on transcripts the Wednesday after finals week and degrees are generally posted within 10 days of graduation. *If you check these boxes and grades/degrees are already posted, your transcript will not be sent until the end of the following semester!*)

Mail: _____ copy(ies) to: Name/Institution: _____

Attention To: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Mail: _____ copy(ies) to: Name/Institution: _____

Attention To: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Fax to: Fax number:(_____) _____ Attention: _____

E-mail pdf transcript to this e-mail address: _____

I authorize the release of my transcripts to the addresses/faxes/e-mail address listed above.

→
STUDENT SIGNATURE REQUIRED

DATE

Payment method: Check _____ (made out to UCM) Money Order _____ Cash _____

VISA/MasterCard/Discover Number _____ Exp. Date _____