

# Northwest Missouri State University - Official Transcript Request

MAIL REQUEST TO: Office of the Registrar, Northwest Missouri State University,  
800 University Drive, Maryville, MO 64468  
Phone (660) 562-1151

Requests by mail must include payment by cash, check or money order. Make checks/money orders payable to Northwest Missouri State University. Credit cards cannot be used when requesting by mail.

Requesting From \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle Last

Former Name \_\_\_\_\_  
First Middle Last

Student ID Number (if known) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Dates of Attendance (if known) \_\_\_\_\_

Send transcript(s):      Now      Hold until Semester Ends      Hold for Degree

Recipient 1      Name (required) \_\_\_\_\_

\_\_\_\_ copies:      Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

USPS Mail (\$5 ea)

Express Mail (\$30 – limit 3)

International FedEx (\$55 – limit 3)

FAX (\$10 ea)      FAX # \_\_\_\_\_      ATTN (required) \_\_\_\_\_

Recipient 2      Name (required) \_\_\_\_\_

\_\_\_\_ copies:      Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

USPS Mail (\$5 ea)

Express Mail (\$30 – limit 3)

International FedEx (\$45 – limit 3)

FAX (\$10 ea)      FAX # \_\_\_\_\_      ATTN (required) \_\_\_\_\_

**NOTICE: PLEASE DO NOT REQUEST TRANSCRIPTS MORE THAN 30 DAYS IN ADVANCE.**

I authorize the release of my transcripts to the above listed recipient(s)/address(es).

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_