



Office of the Registrar

Transcript Request

All requests MUST be accompanied by a copy of your driver's license or other official identification that includes a signature, such as a passport or state ID card.

DATE _____ STUDENT ID/SSN _____

PRINT NAME _____

SIGNATURE _____

PREVIOUS LAST NAME(S) _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NUMBER OF COPIES _____ TYPE UNDERGRADUATE GRADUATE

MSSU GRADUATION DATE _____

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SEND TRANSCRIPT(S) TO: (PRINT ADDRESS IN BOX BELOW)

Empty box for transcript recipient address with four horizontal lines.

If the transcript is going to a school or business, please indicate the name. If the transcript should be addressed to a specific individual or department, include "Attention" and the name of the individual or department.

Mail this form with identification to:
Missouri Southern State University
Registrar's Office
3950 E. Newman Rd.
Joplin, MO 64801

Or fax with identification to:
Registrar's Office
(417) 625-3117