

Request for Transcript
(please type or print legibly)

Webster University

Office of the Registrar
470 E. Lockwood Ave
St. Louis, MO 63119

Phone: 314-968-7450
Fax: 314-968-7112
314-963-6037

Student Information (* are required)

Date: _____

*Name: _____ *Student ID/Social Security: _____

Former Name (if applicable): _____ *Date of Birth (mm/dd/yy): _____

*Current Address: _____

*Home Phone: _____ Work Phone: _____ Email: _____

***SIGNATURE**: _____ Approx. Date of First Enrollment _____

Address Boxes:

List any address(s) where you would like to have your transcript mailed.

Note: You are responsible for the complete address or fax number.

Indicate how many 'Issued to Student' transcript(s) you would like to take with you **or** sent to the student address above.

Number of copies _____
Seperate Envelopes? _____

ATTN: _____

Number of copies _____

ATTN: _____

Number of copies _____

ATTN: _____

Number of copies _____

Send After:

- Grades for _____ semester
- Degree Conferral: _____ (mo/year) _____ (degree type)
- Other: _____

All transcript sent to the student are "Issued to Student." If you need them sealed separately, please indicate how many next to 'Separate Envelopes.' All transcripts sent to the institution/agency are "Official Transcripts." Faxed transcripts are unofficial. List any additional address on back.