

Request for Transcript



Name _____
Last First Middle Former Name(s)

Student Number _____ OR Social Security Number _____ - _____ - _____

Approximate Dates of Attendance _____

Address _____
Number Street
_____ City State Zip Code

Daytime Phone Number (____) _____ Date of Birth _____
Month / Day / Year

1. Send Transcript "As Is"
2. Currently Enrolled
 Yes
 No
3. Hold for _____ Sem. Grades
4. Hold until **DEGREE** statement is on transcript.
Degree _____
Expected Date _____
5. Hold for following type of **correction** (be specific) this request will be held for a maximum of 30 days.

Signature _____ Date _____

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**Where to Mail Transcript:**

All transcripts sent to you are "Issued to Student."  
Transcripts sent directly to the institution/agency are "Official Transcripts."

**You are responsible for complete addresses.**

**Student Copy of Transcript  
To Yourself**

- This will be mailed to the address above.
- If you would like a student copy of your transcript to take with you, please indicate number of copies below.

ATTN: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of copies \_\_\_\_\_

Number of copies \_\_\_\_\_

See back of page for directions for requesting these transcripts

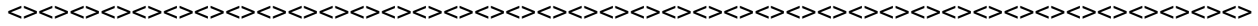
List additional addresses on back.

You may submit your request for transcripts by mail, fax, or in person.

Mail: Webster University  
Office of the Registrar  
470 East Lockwood Avenue  
St. Louis, MO 63119

Fax: Webster University  
Office of the Registrar  
314-968-7112

Fax: Webster University – Scott AFB  
618-746-2315



### Additional Transcripts

Name

\_\_\_\_\_

Last First Middle Former Name(s)

Student Number \_\_\_\_\_ OR Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



### Where to Mail Additional Transcript

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