

REQUEST FOR TRANSCRIPT

DATE: _____

TO:

FROM:

Please forward an **OFFICIAL** copy of my transcript including any entrance scores to:

**WEBSTER UNIVERSITY
375 MSS/DPE
Education Office Bldg. 1650, Room 78
404 W. Martin street
Scott AFB. IL. 62225-1607
Attn: Sue Morris**

THE FOLLOWING INFORMATION IS FURNISHED TO ASSIST YOU IN LOCATING MY RECORDS:

My name used during attendance (if different than that shown above) was:

SOCIAL SECURITY NUMBER: _____

STUDENT RECORD NUMBER: (if applicable) _____

PLACE ATTENDED (if different than that shown above) _____

INCLUSIVE DATES OF ATTENDANCE: FROM: _____ TO: _____

GRADUATED (circle one) YES NO

OTHER INFORMATION:

FEE ENCLOSED (circle one) YES NO Not applicable

PRINTED NAME OF
REQUESTOR: _____

REQUESTOR'S SIGNATURE: _____