

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:

Use the first box for any transcript(s) you would like sent to the student address above. List any additional address(s) in the "ATTN" boxes below. You are responsible for the complete address or fax number.

Indicate the number of "**Issued to Student**" copies you would like sent to the student address above. _____
Sealed Envelopes? _____

* Most places will accept student copies in sealed envelopes as official.

ATTN: _____

Number of copies _____

ATTN: _____

Number of copies _____

ATTN: _____

Number of copies _____

Send now

Hold until:

Grades for _____ semester

Degree Conferral: _____ (mo/year) _____ (degree type)

Other: _____

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