

Request for Transcript

Webster University

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

Email: registraroffice@webster.edu

Phone: 314-246-7450

Fax: 314-968-7112

314-963-6037

Student Information:

Date: ____/____/____

Name: _____ Student ID/Last 4 of Social Security No.: _____

Former Name (if applicable): _____ Date of Birth: ____/____/____

Current Address: _____

City: _____ State: ____ Zip Code: _____ Country: _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Email: _____

SIGNATURE: _____ Approx. Date of First Enrollment: ____/____/____

All transcripts handed to or sent to the student are labeled "Issued to Student." You may request them to be placed in a sealed, stamped envelope. Please indicate so below. "Official Transcripts" are those mailed directly to the institution/agency. Faxed transcripts are unofficial. The Transcript Fee is \$15.00 per transcript. Transcripts will not be released until delinquent accounts have been paid.

Requested Document:

Transcript (\$15.00 per transcript) No. of copies requested ____ No. of copies to be placed in sealed envelopes

_____ Transcript with Apostille (Additional \$100.00 per transcript) No. of copies requested ____

Amount Due \$ _____

Method of Payment: (Please check one)

Check Money Order

Transcripts to be mailed:

To _____ **Number of copies**

Street Address: _____

City: _____ State: ____ Zip Code: _____ Country: _____

To _____ **Number of copies**

Street Address: _____

City: _____ State: ____ Zip Code: _____ Country: _____

Special Instructions:

Send Transcripts Now

Send After (Select below)

Grades Posted for _____ semester

Degree Conferral: _____ Mth/Year _____ Degree