



STATE TECHNICAL COLLEGE of MISSOURI
TRANSCRIPT REQUEST FORM

ATTN: ACADEMIC RECORDS
ONE TECHNOLOGY DRIVE
LINN, MO 65051

TELEPHONE # 573-897-5000 or 800-743-8324

FAX # 573-897-4656

SCAN AND E-MAIL TO: registrar@statetechmo.edu - when emailing your request,
send request as an Attachment only and make the Subject: Transcript Request -
(Your Name) otherwise your email will not be opened

\* If name has changed since attending please include both names

NAME: \* Last First Middle Maiden

ADDRESS: Street PO Box

City State Zip Code

Student ID # (if known) Telephone Number

SSN (if ID # is not known) Date of Birth

Major Date of Attendance

E-mail Address

I AUTHORIZE THE ACADEMIC RECORDS OFFICE TO RELEASE MY TRANSCRIPT TO:

NAME:

ADDRESS:

Signature
(Signature cannot be typed or blank.)

Date

PLEASE CHECK ALL THAT APPLY:

- DEADLINE/DUE DATE:
EMAIL TRANSCRIPT (UNOFFICIAL) TO:
MAIL NOW (OFFICIAL)
MAIL WHEN SEMESTER GRADES ARE POSTED
MAIL WHEN GRADUATION INFORMATION IS POSTED
FAX (UNOFFICIAL) #
PICK UP - TIME TO BE PICKED UP:

FOR OFFICE USE ONLY
DATE SENT
INITIALS