



TRANSCRIPT REQUEST FORM

REGULATIONS GOVERNING THE ISSUANCE OF TRANSCRIPTS:

Financial obligations to the school must be satisfied. Request must be in writing, completely filled out and **signed by the student**. There is a fee of \$10.00 for each transcript. Unofficial transcripts are free. Please allow a 4-business day processing time. (Processing times vary during peak request periods.)

All transcript requests should be mailed to:

Missouri Baptist University
ATTN: Records Office
One College Park Drive
St. Louis, MO 63141

Faxed to:

MBU Records Office
(314) 744-7652
or scan and email to:
recordsoffice@mobap.edu

LAST FIRST MIDDLE MAIDEN/PREVIOUS

STREET ADDRESS CITY STATE ZIP

Student ID or SSN () PHONE NUMBER

E-Mail Address

Student's Physical Signature (Required)

Date

Are you a current Missouri Baptist University student?

[] Yes [] No

If not, what year(s) did you attend Missouri Baptist University?

Were you an EXCEL student?

[] Yes [] No

This is an OFFICIAL copy for:

- [] graduate school
- [] undergraduate school
- [] employment purposes
- [] scholarship foundation
- [] other _____

This is an UNOFFICIAL copy for:

- [] personal use
- [] faxed *
- [] other _____

Total # of transcripts _____

PRINT CLEARLY the name & address to which your transcript is to be sent:

(*All faxed and e-mailed transcripts are unofficial.*)

Please mail my transcript: [] immediately [] when current grades are in
[] after degree conferral is posted to transcript

Credit Card Information

NAME AS IT APPEARS ON CARD CARDHOLDER'S SIGNATURE

[] VISA [] MASTERCARD [] DISCOVER CVV _____

Credit Card Number - - - - - Exp. Date - - - - -

Cardholder Billing Address Email Address for Receipt

