

TRANSCRIPT REQUEST

<p>STUDENT INFORMATION</p> <p>CMU ID # _____</p> <p>Full Name _____</p> <p>Address _____</p> <p>_____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Phone () _____ - _____</p> <p>Are you currently enrolled at CMU? _____</p> <p>If not, last date attended: _____</p> <p>Maiden Name _____</p> <p>Birth Date _____</p> <p>Social Security _____ - _____ - _____</p> <hr/> <p style="text-align: center;">TRANSCRIPT INFORMATION</p> <p>Number of copies _____</p> <p>Hold for current session grades? _____</p> <p>Hold until degree recorded? _____</p> <p>Priority processing? _____</p> <p>Sent by priority mail? _____</p> <p>Send transcript to: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">NOTE: CMU <u>does not</u> send an official transcript to the student or former student.</p> <hr/> <p style="text-align: center;">STUDENT'S SIGNATURE</p>	<p>COSTS: A charge of \$5.00 is made for each transcript. Fee must accompany request. We offer the following services for additional fees:</p> <ul style="list-style-type: none"> • FAX <u>unofficial transcript</u>: \$7.50 USD • Priority mail (where available): add \$20 USD • Priority Processing: add \$15.00 USD <hr/> <p>TRANSCRIPTS FROM OTHER SCHOOLS: Transcripts from other colleges or universities—which have been sent to our office for our file—cannot be released or copied. These transcripts must be obtained directly from the schools you attended.</p> <hr/> <p>PRIVACY: Student records are confidential, and transcripts are issued only at the written request of the student.</p> <hr/> <p>NOTE: CMU <u>does not</u> send an official transcript to the student or former student.</p> <p style="text-align: center; margin-top: 20px;"> Mail completed form to: Office of the Registrar Central Methodist University 411 Central Methodist Square Fayette, MO 65248 </p> <p style="text-align: center; margin-top: 10px;"> Phone: 660-248-6208 FAX: 660-248-2622 </p> <p style="text-align: center;">(NOTE: Faxed requests must include valid Visa or MasterCard number and expiration date.)</p> <p>Card type: _____ Exp ____ / ____</p> <p>Number _____</p> <hr/> <p style="text-align: center;">CARDHOLDER'S SIGNATURE (if different)</p>
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[FOR OFFICIAL USE ONLY]

Business Office clear _____

Transcript Fee paid _____

Transcript Fees owed _____

Date Received _____

Name Change _____

Address Change _____

Transcript Sent _____