

Transcript Request

Staff use only: Staff:	Amount:	Check/M.O. #:
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Please print clearly and fill in all portions of the form. Using the contact information at the right, submit the completed form to the Office of Records & Registration in person or by mail.

Office of Records & Registration

900 N Benton Avenue Springfield, MO 65802 Phone: (417) 873-7211

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Name:			
LAST	FIRST	MIDDLE	OTHER NAME(S) WHILE ATTENDING
Currently enrolled?	□YES □NO		
ast date attended (y	/ear):		
Address:			
City:			State:
ZIP Code: _		County (Missouri only):	
Phone:	E	mail:	
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script Processing			
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☐ Pick up ☐ Ma	ail	Mailing Address:	
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☐ Pick up ☐ Ma Choose One: ☐ Send Now ☐ Hold for degree	posting term grades	Name: Address:	
Pick up Machoose One: Send Now Hold for degree Hold for current	posting term grades	Name:Address:	State:
Pick up Machoose One: Send Now Hold for degree Hold for current	posting term grades ots:	Name: Address:	State:

• A fee of \$12.00 per transcript is due at the time of request. Checks should be made payable to Drury University.

Signature:	Date:	