



# 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

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_\_ - \_\_\_\_\_