TRUMAN STATE UNIVERSITY

High School Transcript Request

Counseling Office: With this form attached, please send a final transcript of my high school academic record to: Office of Admission, Ruth W. Towne Museum and Visitors Center Truman State University Kirksville, Missouri 63501-4221

Last Name	First	Middle
Social Security Number	er Student Number (if applicable)	
Student Address		
Dates of Attendance		
Signature	date	

If there is a fee for this service, please bill me at my address above.

Please submit this request to your high school.