TRUMAN STATE UNIVERSITY

College/University Transcript Request

An accepted student who has completed coursework at another college or university (including credit earned through dual enrollment programs) should use the form below to have an official transcript sent to Truman State University. Please complete all information on the form below, including the signature, and <u>mail to the Registrar's Office at each college or university attended.</u> Feel free to duplicate the form, if necessary.

Please be certain to record all courses for which college credit will be earned on the enclosed pre-registration worksheet. Include college-level courses which are not yet completed, if applicable.

Registrar: With this form attached, please send a transcript of my 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 | Student Number (if applica | ıble) |
| | | |
| | | |
| Student Address | | |
| | | |
| | | |
| Dates of Attendance | | |
| | | |
| | | |
| Signature | date | |
| | | |

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