

University of Central Missouri - Request for Official Transcripts

Registrar's Office; WDE 1000, Warrensburg, Missouri 64093; Phone (660) 543-4900; FAX (660) 543-8400; transcripts@ucmo.edu

Transcripts are \$10 each and can be mailed (only in the US), faxed, or e-mailed.

Transcripts cannot be faxed outside of the U.S. **Faxed and e-mailed transcripts may not be considered official by the receiving institution. Check with the recipient before making your request for a faxed or e-mailed transcript.**

Transcript fees are non-refundable.

Print **Your** Name (for contact purposes): _____
(Last, First, MI)

Student # or SSN: _____ Date of Birth(mm/dd/yyyy): _____

Your Address: _____
(for contact purposes – not where we are sending the transcript)

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell/Daytime Phone: (_____) _____

E-Mail Address: _____

Choose one: ☐ I am currently enrolled at UCM ☐ I last attended: _____
(semester, year)

Send transcript(s): ☐ Now ☐ Hold for grades* ☐ Hold for degree*

(*Only check this if your final grades **do not** already show on your unofficial transcript/Central Degree Audit. Grades are available on transcripts the Wednesday after finals week and degrees are generally posted within 10 days of graduation. *If you check these boxes and grades/degrees are already posted, your transcript will not be sent until the end of the following semester!*)

Mail: _____ copy(ies) to: Name/Institution: _____

Attention To: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Mail: _____ copy(ies) to: Name/Institution: _____

Attention To: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Email to: _____

Fax to: Fax number:(_____) _____ Attention: _____

Secure pdf e-transcripts are available for students who attended UCM after 1980 and can be ordered online in MyCentral through National Student Clearinghouse. Learn more at <https://www.ucmo.edu/current-students/office-of-the-registrar-and-student-records/transcripts/>.

I authorize the release of my transcripts to the addresses/faxes/e-mail address listed above.

STUDENT SIGNATURE REQUIRED

DATE

Contact the Registrar's Office to make payment arrangements.