

REQUEST FOR TRANSCRIPT OF RECORD

INCOMPLETE FORMS MAY DELAY PROCESSING.

THE COST PER TRANSCRIPT IS \$5 (payment must accompany request).

Personal Information

Name: _____

(please print) Last First MI Maiden

Address: _____

Street City State Zip

E-Mail: _____

Student ID: _____

Graduate Yes Class Yr. _____ No Attended STLCOP From: _____ To: _____

Transcript Delivery Options

Quantity: _____ (Cost per transcript is \$5. Please complete a separate form for each transcript request unless it is for the same institution).

Processing Option:

Immediately After grades are posted After degree is awarded

Transcript Type:

Official transcript* Unofficial transcript

Delivery Method:

_____ **Mail** – Once order is received, transcript will be mailed to the recipient via regular first-class U.S. mail within 3-5 business days.

_____ **Hold for pickup** – Transcript will be ready for pickup three days after order is received.

Recipient Information

Organization/Name: _____

Address: _____

Street

Phone: _____

Address: _____

City

State

Zip

Country

Applicant Signature _____

Date: _____

Note: Fee is waived if transcript is sent directly to a board of pharmacy. Unofficial copies are available upon request and are \$5 each. **Mail this form (along with payment)** to St. Louis College of Pharmacy, Office of the Registrar, Attn: Tess Jones, 4588 Parkview Place, St. Louis, MO 63110-1088. (Cash, check, or money orders only; make payable to St. Louis College of Pharmacy.)

**An official transcript is the College's certified statement of your academic record. The official transcript is printed on security sensitive paper and includes the College seal and the signature of the registrar. In accordance with the Family Education Rights and Privacy Act of 1974, records will not be released to any other person or agency without written consent from the student.*

FOR OFFICE USE ONLY: Payment Stamp: _____ Date Transcript Mailed: _____ By: _____