

# 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

**Student ID:**

**E-mail:**

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 (available immediately)

**Delivery Method (Choose one):**

\_\_\_\_\_ **Hold for pickup** – Transcript will be ready for pickup 3-5 business days after order is received.

\_\_\_\_\_ **Mail** – Once order is received, transcript will be mailed to the recipient via regular first-class U.S. mail within 3-5 business days (please complete recipient information below).

## 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: \_\_\_\_\_