



Transcript Request

Instructions:

Complete this form (type or print legibly). Sign where indicated. Mail to the institution(s) from which you are requesting a transcript. Check with each institution to obtain transcript fees.

Last Name _____ MI _____ First Name _____

Maiden/Previous Name _____ Social Security # _____

Date of Birth _____ Years Attended From: 19 _____ to 19 _____

Your Address:

Street _____

City/State/Zip _____

Send transcript to:

Office of Admissions
Harris-Stowe State University
3026 Laclede Ave. St. Louis, MO 63103

Your Signature _____ Date _____

Transcript Fee Enclosed. (If required) Amt. \$ _____

Thank you.