

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: _____