



Harris-Stowe State University
 Office of the Registrar
 3026 Laclede Avenue, HGA 007
 St. Louis, MO 63103
 (314) 340-3600
 transcripts@hssu.edu

OFFICIAL TRANSCRIPT REQUEST FORM

- ✓ Requests will not be processed unless all information on this form is completed and accompanied by a signature and valid identification.
- ✓ Transcript requests are usually processed within four business days; archived records may require up to eight business days. Additional processing time not to exceed two business days is required during peak periods at the start and end of a semester.
- ✓ Transcripts processed per this request are for printed copies only, refer to the online order request option for electronic transcripts.
- ✓ Transcripts are issued in their entirety; no partial transcript will be issued.
- ✓ All transcripts are official and include coursework completed at Harris-Stowe State University and coursework accepted in transfer.
- ✓ Transcript requests will not be processed for students with financial or other outstanding obligations to the University.
- ✓ Transcripts issued to student will bear the notation "Issued to Student."
- ✓ Transcripts from other institutions cannot be duplicated.

STUDENT INFORMATION:	
Name:	
Previous Names:	
Street Address:	
City, State, Zip:	
Email Address:	
Daytime Telephone Number :	
Student ID or Social Security Number:	
Date of Birth:	
First Term Enrolled:	
Last Term Enrolled:	
Major/Degree Obtained:	
Graduation Date:	
*Request will not be filled unless this form is signed and dated.	
Signature:	Date:

PROCESSING INFORMATION:

Mark only one of the following:

- Process now.
- Process after current term grades.
- Process after degree awarded. Term/Year: _____

PAYMENT INFORMATION:

TRANSCRIPT FEE IS \$4.00 PER COPY

Payments are processed by the Bursar, HGA 018.

Payment Amount: \$ _____

- Cash
- Credit/Debit Card (Visa, MC, Discover):
 Credit Card #: _____
 Expiration Date: _____
- Check/Money Order Payable to:
 Harris-Stowe State University
 (Please include Student ID Number.)

RECIPIENT INFORMATION:
Quantity: _____
<input type="checkbox"/> I will pick up. Valid picture ID is required to pick up your transcript in the Office of the Registrar.
<input type="checkbox"/> Mail transcripts to the following recipient at the following address(es): _____ _____ _____ _____ _____

Bursar Payment Processing Information:

**BURSAR'S
STAMP**

Bursar's Staff:
Date:

Amount Paid:

Office Use Only

Registrar Staff Initials/Date Received:

Valid ID:

Registrar Staff Initials/Date Processed: