



Unofficial Transcript Request

▶ **Name:** _____
Last First MI

▶ **Student ID Number:** _____ ▶ **Type of Transcript:** Undergraduate
Graduate (Masters)

▶ **Reason for Request :**

- Proof of Enrollment
- Scholarship
- Job application
- Transferring
- Grad School
- Other : _____

We can only send unofficial transcripts by fax, if you need a transcript mailed or emailed please send your request through National Student Clearinghouse. (<https://studentclearinghouse.org/students/>)

Faxing information:

Fax #: _____
Fax to: _____
RE: _____

▶ **STUDENT AUTHORIZATION:** *"I hereby authorize Culver-Stockton College to release my records"*.

▶ **Signature:** _____ ▶ **Date:** _____

****Former Student Verification Information:**

Current Address: _____ City: _____ State _____ Zip Code _____
Maiden/ Previous Name(s): _____ SSN: XXX – XX - _____ Birth date: ____/____/____
Contact phone number: _____ Email address: _____

****Return form to the Registrar by:**

* **Fax:** 573-288-6616

* **Mail:** Culver-Stockton College
Registrar's office
1 College Hill
Canton, MO 63435

* **Email:** registrar@culver.edu

For Office Use Only: Mailed: _____
(date)
Issued to Student: _____
(date)

A/R Hold : _____
Date released/mailed: _____