



WESTMINSTER  
COLLEGE

**REQUEST FOR TRANSCRIPT**

Complete and fax to 573-592-5217 or mail with payment to  
Westminster College Registrar ▪ 501 Westminster Avenue ▪ Fulton, Missouri 65251-1299

UNOFFICIAL Transcript (faxed only)  
OFFICIAL Transcript Mail or Pick Up only

NAME WHILE ATTENDING WESTMINSTER COLLEGE:

\_\_\_\_\_ Birth Date \_\_\_\_\_ ID# \_\_\_\_\_  
Last, First MI

\_\_\_\_\_ Fax \_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Current Home Address

FILL IN STATUS BELOW FOR LOCATING RECORDS:

1. Currently enrolled:
2. If not currently enrolled, what was the last YEAR of ATTENDANCE? \_\_\_\_\_

**MAIL TRANSCRIPT TO:** \_\_\_\_\_ **OR, FAX TO:** \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Delivery Options:**

Expedited Shipping: \_\_\_\_\_ Hold for Grades \_\_\_\_\_ Hold for Degree \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**Purpose:** Grad School \_\_\_\_\_ Summer School \_\_\_\_\_ Transfer App \_\_\_\_\_ Employment \_\_\_\_\_ Personal \_\_\_\_\_ Scholarship \_\_\_\_\_

STUDENT'S SIGNATURE \*\* REQUIRED \*\*

DATE

**Payment by:**

Check \_\_\_\_\_ Cash \_\_\_\_\_ or Credit Card \_\_\_\_\_ Shipping Option \_\_\_\_\_

For office use only:

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_