



**TRANSCRIPT REQUEST**

Date: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Registrar,

This is a request that my official transcript be sent to:

School for Professional Studies  
Attention: Transcripts  
3840 Lindell Boulevard  
Saint Louis, MO 63108

I attended your institution during \_\_\_\_\_  
(Start Date – End Date)

Please notify me if there will be a charge. My name and other important information are listed below.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Any other name(s) ever used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_