

# MISSOURI BAPTIST UNIVERSITY / RECORDS OFFICE

## REGULATIONS GOVERNING THE ISSUANCE OF TRANSCRIPTS:

Financial obligations to the school must be satisfied. Request must be in writing, completely filled out and **signed by the student**. There is a fee of \$10.00 for each transcript. Unofficial transcripts are free. Please allow a 4 business day processing time. (Processing times vary during peak request periods.)

All transcript requests should be mailed to:  
Missouri Baptist University  
ATTN: Records Office  
One College Park Drive  
St. Louis, MO 63141

Faxed to:  
MBU Records Office  
(314) 744-7652  
or scan and email to:  
recordsoffice@mobap.edu

\_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN/PREVIOUS

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_  
Student ID or SSN ( ) PHONE NUMBER

\_\_\_\_\_  
E-Mail Address

## Student's Physical Signature (Required)

Date

Are you a current Missouri Baptist University student? [ ] Yes [ ] No

If not, what year(s) did you attend Missouri Baptist University? \_\_\_\_\_  
Were you an EXCEL student? [ ] Yes [ ] No

This is an OFFICIAL copy for:  
[ ] graduate school  
[ ] undergraduate school  
[ ] employment purposes  
[ ] scholarship foundation  
[ ] other \_\_\_\_\_

This is an UNOFFICIAL copy for:  
[ ] personal use  
[ ] faxed \*  
[ ] other \_\_\_\_\_

**Total # of transcripts** \_\_\_\_\_

PRINT CLEARLY the name & address to which your transcript is to be sent:  
(\*All faxed and e-mailed transcripts are unofficial.\*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail my transcript: [ ] immediately [ ] when current grades are in  
[ ] after degree conferral is posted to transcript

## Credit Card Information

NAME AS IT APPEARS ON CARD

CARDHOLDER'S SIGNATURE

[ ] VISA

[ ] MASTERCARD

[ ] DISCOVER

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ - \_\_\_\_\_