

DUAL CREDIT (High School) Transcript Request

ECORDS OFFICE			820 Chestnut St.	
TRANSCRIPT REQUEST			PO Box 29	
Date			Jefferson Ci	ty, MO 65102-0029
Name				
(Last)	(First)			(Middle)
Street Address				
City	State	Zip	Telephone ()
Social Security No.				<u>.</u>
Birth Date	=			
CHECK BOXES BELOW IN ORI	DER FOR TRANS	CRIPT TO E	BE SENT AS YOU	R WISHES:
☐ CURRENTLY ENROLLED IN H	HIGH SCHOOL DU	JAL CREDIT	COURSE	
First Semester Enrolled in Du				
Last Semester Enrolled in Du				
When you received this request, proc	cess as requested be	low:		
☐ Send Now				
☐ Send at End of Term				
☐ Will Pick Up (Note: If transcript is r	ot paid for or picked	up within 30 da	vs. the document will b	e destroved.)
☐ I Authorize				•
				•
Print Name of Person, Office, or	College to Receive	Copy of Train	nscript, and Comp	lete Address.
Student assumes	s full responsibility for	furnishing comp	olete and correct addres	S.
There is Please forward either a cashier's che University. The current processing t processing time is 7-10 business days	s a fee of \$5.00 p ck or money order time is 3-5 business s.	er copy for or the correct days unless yo	a transcript. amount made payabou send a personal c	ble to Lincoln heck, and then the
When this office sends a copy of the property of the person, office, or coll	student's transcript			
SIGNATURE:				