



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 or scanned 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:

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 _____

For office use only:

*Credit Card Number _____ Expiration Date _____ Security Code _____

*There will be a 2.75% convenience fee added to all credit card payments.

We accept MasterCard, Visa, Discover and American Express.