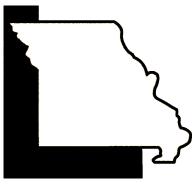
LINN STATE TECHNICAL COLLEGE

TRANSCRIPT REQUEST FORM



ATTN: ACADEMIC RECORDS
ONE TECHNOLOGY DRIVE
LINN, MO 65051-9606
TELEPHONE # 573-897-5000 or 800-743-8324
FAX # 573-897-4656
SCAN AND E-MAIL TO: registrar@linnstate.edu

*** If name has changed since attending please include both names**

NAME: _____
* Last First Middle Maiden

ADDRESS: _____
Street PO Box

_____
City State Zip Code

_____ _____/_____/_____
Student ID # Telephone Number

_____/_____/_____ _____/_____/_____
Social Security # Date of Birth

_____ _____
Major Date of Attendance

_____
E-mail Address

I AUTHORIZE THE ACADEMIC RECORDS OFFICE TO RELEASE MY TRANSCRIPT TO:

NAME: _____

ADDRESS: _____

_____

_____

_____ _____
Signature Date

PLEASE CHECK ALL THAT APPLY:

_____ DEADLINE/DUE DATE: _____
_____ MAIL NOW
_____ MAIL WHEN SEMESTER GRADES/ GRADUATION INFORMATION IS POSTED
_____ FAX # _____/_____/_____
_____ PICK UP – TIME TO BE PICKED UP _____

FOR OFFICE USE ONLY

DATE SENT _____

INITIALS _____

DATE POSTED _____

INITIALS _____

Requests are usually processed between 1 and 2 business days from time of receipt.

07/28/09