

A.T. STILL UNIVERSITY

ATSU

Office of the Registrar
800 W. Jefferson Street ~ Kirksville, MO 63501
Phone: 660.626.2356 ~ Fax: 660.626.2926
registrars@atsu.edu

OFFICE USE ONLY

I.D. Number _____
Grad Year/Degree _____
Date Sent _____
Amount Due _____
Date Paid _____

Check appropriate box below:

- Official Mailed Transcript **\$5.00 each**
- Unofficial Mailed Transcript **\$5.00 each**
- Unofficial Faxed Transcript **\$5.00 for first 5**
(Add'1 \$5 if more than 5 faxes are requested)

D.O. Program only:

- COMLEX Level 1 & 2 Scores *(not available before 1985/contact NBOME for Level 3 scores)*
- MSPE (not available before 2001-**Cannot** release to student/graduate)
- Letters of Recommendation (from 3rd & 4th year preceptors (available for up to 5 years following graduation - **Cannot** release to student/graduate)

*Requests for records will not be processed if a financial or academic hold exists on your account.

When should transcript, etc. be sent?

- Send ASAP (*Allow 2-4 business days*)
- Hold for recent quarter grades
- Hold for grade on Course _____
- Hold for **FINAL** transcript (**Degree Posted**)
- For pick-up only

Allow 2-4 Days for Processing

Overnight service not available to PO Box

- FedEx Overnight Fee \$10.00 (U.S. only)
Recipients Phone# _____
- FedEx Int'l Overnight (Add'l fees applied)

Please Print

Student/Graduate Name _____ SS# _____

Address _____ Phone# _____

_____ E-mail _____

Signature _____ Date _____

*Note: **Transcript will not be released without a signature.** Graduation Year/Degree _____

Additional requests may be attached

***Please state ATTN: Department or Person**

Send to: _____

Send to: _____

METHOD OF PAYMENT

____ Cash ____ Credit Card ____ Check or money order payable to ATSU

I hereby authorize a charge to be made to my credit card: ____ Visa ____ MasterCard ____ American Express

Credit Card # _____ Expiration Date _____

Print name on card _____ Signature _____