

# TRANSCRIPT REQUEST FORM

**An OFFICIAL transcript must be received from each school/college listed on your application for admission/readmission. Please send this completed form along with the transcript fee to all colleges you previously attended. This form may be copied.**

---

## College Transcript Request Form

TO: Office of Registrar  
College Address:

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

Please send one OFFICIAL copy of my transcript to the following address:

Operations Unit  
Division of Academic Outreach &  
Continuing Education  
P. O. Box 5247  
Mississippi State, MS 39762

My name on your records: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Payment of \$ \_\_\_\_\_ is enclosed.

**If my transcript cannot be sent for any reason, please notify Mississippi State University at the above address as soon as possible.**

*I understand that Mississippi State University may void my enrollment if an original transcript is not received; if a fraudulent or altered document is submitted; or if it is determined that I am not eligible for readmission to any college I have formerly attended.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date