



Office of the Registrar

900 N. Benton Avenue
Springfield MO 65802
Phone (417) 873-7211

STAFF USE ONLY
Staff _____
Amount _____
Check/M.O.# _____

TRANSCRIPT REQUEST

Please print clearly and fill in all portions of the form.
Using the contact information at the right, submit the
completed form to the Registrar's Office in person or by mail.

1. Student Information

Drury ID _____ SSN _____ BIRTHDATE (MM/DD/YY) _____
Name: LAST _____ FIRST _____ MIDDLE _____ OTHER NAME(S) WHILE ATTENDING _____
Currently enrolled? YES NO _____
LAST DATE ATTENDED (YEAR) _____
CURRENT PERMANENT ADDRESS, APT. # _____
CITY _____ STATE _____ ZIP _____ COUNTY (only in MO) _____
DAYTIME PHONE _____ EMAIL _____

2. Transcript Processing

Choose One: WILL PICK UP MAIL
 Send Now
 Hold for degree posting
 Hold for current term grades
Quantity of Transcripts:
 UNDERGRADUATE GRADUATE
Mail To Recipient:
NAME _____
ADDRESS LINE 1 _____
ADDRESS LINE 2 _____
CITY _____ STATE _____ ZIP _____

3. Transcript Policy

- Student records are confidential. Your signature is required to authorize the release of your transcript.
• Transcripts are normally processed within 1 to 2 business days.
• Transcripts will not be released if you have a past due balance with Drury University.
• A fee of \$12 per transcript is due at the time of request. Checks should be made payable to Drury University.

SIGNATURE _____

DATE (MM/DD/YY) _____