**Student Record Verification Fee: $10 per copy**

Checks/money orders are payable to Missouri Department of Higher Education & Workforce Development-Proprietary

Please complete the following information and fax\* the signed form to (573) 751-6635 or mail to:

Missouri Department of Higher Education & Workforce Development

Proprietary School Certification

PO Box 1469

Jefferson City, MO 65102

*\*Student records will not be released until payment is received.*

Student Name:

Name at Time of Attendance (if different):

Social Security Number:       Month and Day of Birth:

Email Address (**PRINT CLEARLY**):       Telephone Number:

Name of Institution/School Attended:

Program Name:

Approximate Date(s) of Attendance:

Where do you want the transcript sent? (PROVIDE COMPLETE MAILING ADDRESS)

**Name of the school or individual to whom the transcript should be mailed:**

**Mailing Address:**

I hereby attest the information provided on this release and authorization form is true and correct to the best of my knowledge, and I give authorization to the MDHEWD to provide any student record information as requested.

**Signature of Student:**

**Allow a minimum of two weeks for processing after receipt of your payment.**