

# Student Record Request Form

## 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 mail the signed form to with payment 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:

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Name at Time of Attendance (if different):

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Social Security Number:

Month and Day of Birth:

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Email Address (**PRINT CLEARLY**):

Telephone Number:

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Name of Institution/School Attended:

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Program Name:

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Approximate Date(s) of Attendance:

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Where do you want the transcript sent? (Currently we are only sending transcripts via e-mail)

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

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**E-Mail Address:**

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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 DHEWD to provide any student record information as requested.

**Signature of Student:**

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