

Student Record Request Form

Student Record Verification Fee: \$10 per copy

**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:

Telephone Number:

Name of Institution/School Attended:

Program Name (Optional):

Approximate Date(s) of Attendance:

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

EMAIL 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.

Pay Online: <https://bit.ly/3DN0cgC> (additional fee applies). Save form and email to StudentRecords@dhewd.mo.gov.

Alternatively, print completed form and mail, along with payment, to:

Missouri Department of Higher Education & Workforce Development
Proprietary School Certification
PO Box 1469
Jefferson City, MO 65102

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