

TRUMAN STATE UNIVERSITY

High School Transcript Request

Counseling Office: With this form attached, please send a final transcript of my high school academic record to:
Office of Admission, McClain Hall 205
Truman State University
Kirksville, Missouri 63501-4221

Last Name

First

Middle

Social Security Number

Student Number (if applicable)

Student Address

Dates of Attendance

Signature

date

If there is a fee for this service, please bill me at my address above.

Please submit this request to your high school.