

TRANSCRIPT REQUEST FORM

Office of the Registrar, Morehead State University

Student Information

ID Number (if known): _____ SSN: _____
Name: _____
(last, first middle & any other names while enrolled)
Date of Birth: _____
Dates of attendance/graduation: _____
Address: _____
City _____ State _____ Zip Code _____
Student Signature: _____
Student phone number: _____
Student email address: _____



Office of the Registrar
Ginger Hall 201
Morehead, KY 40351
606-783-2008
registrar@moreheadstate.edu

Mail to this address:

City: _____ State: _____ Zip: _____

Number of copies:

Undergraduate transcripts
 Graduate transcripts

Mail to this address:

City: _____ State: _____ Zip: _____

Number of copies:

Undergraduate transcripts
 Graduate transcripts

Checks/money orders may be made payable to MSU.

Normal processing time is 48 hours after receipt of request. Records for students attending prior to 1985 may take longer to process.

We cannot process transcript requests for students with holds. If you have a hold, you must clear the hold prior to ordering your transcript. If you wish to pick up your transcript, you must have photo ID.

Transcripts are \$7 for each set.

Amount \$ _____