



**STUDENT TRANSCRIPT REQUEST FORM**

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

Checks/money orders are payable to Broadcast Center. Allow a minimum of two weeks for processing after receipt of your request and payment. Please complete this form and mail to:

**Broadcast Center 2360 Hampton Ave. St. Louis, MO 63139**

Select type of transcript requested:  Unofficial Transcript  Official Transcript

Please print the following information

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Name at Time of Attendance (if different)

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Last Four Digits of Social Security Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_  
Program Name(s)

\_\_\_\_\_  
Approximate Dates of Attendance

\_\_\_\_\_  
Name of Institution/School Receiving Transcript

\_\_\_\_\_  
Representative's Name at Institution/School Receiving Transcript

\_\_\_\_\_  
Phone Number of Institution/School Receiving Transcript

\_\_\_\_\_  
Email Address of Institution/School Receiving Transcript

\_\_\_\_\_  
Address of Institution/School Receiving Transcript

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 Broadcast Center to provide any student record information as requested.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date