

Official Cocurricular Record Request

Truman State University
Student Affairs
100 E. Normal
Kirksville, MO 63501
Phone: (660)785-4111
Fax: (660) 785-5403

Official Cocurricular Records cost \$5.00 per record per request plus fees for any additional service requested. Payment must be made before records will be released.

Normal processing time is one to two working days. Please allow a longer time to process requests made at the beginning and end of a semester.

Please provide all of the following information, sign this form, and mail or fax it to the Student Affairs Office.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

All Other Names You Have Used: \_\_\_\_\_

Social Security Number or Student ID Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Approx. Dates of Attendance: \_\_\_\_\_ Approx. Date of Graduation: \_\_\_\_\_

Please send \_\_\_\_\_ copies of my Official Cocurricular Record to the following address:

A complete address must be provided. Fill out a separate form for each address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send my Official Cocurricular Record:

Now

Graduation

Specified Date: \_\_\_\_\_

Official Cocurricular Record may also be faxed for an additional \$3.00 charge, or sent by overnight mail for an additional \$10.00 charge. If you would like either of these options, please check the appropriate box below. Faxing and overnight mail does not expedite the processing of your request, only the delivery time.

Please also fax my Official Cocurricular Record to the number below. I understand that fax transmission is not secure and that confidentiality cannot be guaranteed. I hereby release Truman State University from any and all liability involved in faxing my Cocurricular Record. A mailing address for the fax recipient must be provided above an official copy will also be sent to the recipient via US Mail.

Fax #: \_\_\_\_\_

Attn: \_\_\_\_\_

Please send my record by overnight mail.

Please note that overnight mail cannot be sent to a P.O. Box or an international address.

Payment:

Check enclosed (payable to Truman State University)

VISA  MasterCard  Discover # \_\_\_\_\_ Exp: \_\_\_\_\_

I hereby authorize Truman State University to release my Official Cocurricular Record as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Request will not be processed unless signature is included.)

Confirmation that your Cocurricular Record has been sent will be mailed from records@truman.edu to your email account.