



### Request for Academic Transcript

Please mail this request to:

Office of the Registrar, Logan University, Chesterfield, MO 63017 or fax to: (636) 207-2431

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI/Maiden: \_\_\_\_\_

Name on Record: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Last Attendance at Logan: \_\_\_\_\_ Trimester: \_\_\_\_\_ Year: \_\_\_\_\_

Graduation Date (if applicable): \_\_\_\_\_

Send Transcripts (check one): Now: \_\_\_\_\_ After grades are posted: \_\_\_\_\_ After graduation is posted: \_\_\_\_\_

\_\_\_\_\_ Quantity for **pick-up**: indicate the number of transcripts you will pick-up in person

\_\_\_\_\_ Quantity for **mail**: indicate how many transcripts to mail to address below  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment should be made by check, cash, money order or credit card (Visa, MasterCard or Discover only). You may also call (636) 230-1740 with your payment information. Transcripts will be sent via U.S. mail. Transcripts may also be picked up in person at the Office of the Registrar.

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Fee: \_\_\_\_\_  
Date Sent: \_\_\_\_\_  
Sent By: \_\_\_\_\_

**A charge of \$5 is assessed for each transcript issued.**

I hereby authorize Logan University to release my transcript of academic records to the above named institution or individual.

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