



Transcript Request Form for Current Full-Time or Retired Faculty/Staff or Racer Academy Instructors

MSU ID# or SSN _____ Date of Birth _____

Name _____
Last First Middle/Maiden/Other Name while at MSU

Daytime Phone # _____ Email _____

Last year/semester of enrollment _____

Current Full-Time Faculty/Staff

Retired Faculty/Staff

Racer Academy Instructor

Transcript Request Instructions (Check all that apply)

I'm pending a degree; hold transcript request until degree is conferred

I'm currently enrolled; hold transcript request until grades are posted

Send Transcript to Office of the Provost for employment/SACS accreditation purposes

Send Transcript to Racer Academy coordinator _____

Hold for pickup (email will be sent when ready for pickup; photo ID required for pickup @ Sparks Hall, 1st Floor; Transcript will be marked "Issued to Student")

Mail to _____

Authorization to Release

By my signature below, I authorize my release of my academic transcript to the above listed recipient.

Signature _____ Date of Request _____

Current Full-time or Retired Faculty/Staff

Submit completed form to: **Human Resources**, Murray State University,
412 Sparks Hall, Murray, KY, 42071 (Fax 270-809-3464).

Racer Academy Instructor

Submit completed form to: **Office of the Registrar**, Murray State University,
113 Sparks Hall, Murray, KY, 42071 (Fax 270-809-3777).

Office Use Only - HR Employment Verification

Current Full-Time (receiving benefits) or Retired Faculty/Staff: YES NO
Signature _____ Date Verified _____