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

Checks/money orders are payable to Missouri Department of Higher Education-Proprietary

Please complete the following information and fax\* the signed form to (573) 751-6635 or mail to:

Missouri Department of Higher Education

Proprietary School Certification

PO Box 1469

Jefferson City, MO 65102

*\*Student records will not be released until payment is received.*

Student Name:

Name at Time of Attendance (if different):

Social Security Number:

Email Address:       Telephone Number:

Mailing Address:

Name of Institution/School Attended:

Address of Institution/School Attended:

Program Name:

Approximate Date(s) of Attendance:

**Additional comments:**

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 the MDHE to provide any student record information as requested.

**Signature of Student:**

**Allow a minimum of two weeks for processing after receipt of your request and payment.**