

# Kemper Military School Transcript Request

The State Historical Society of Missouri received the records of the Kemper Military School in 2006. Requests are subject to a non-refundable processing fee (see fee chart below). We accept credit cards (Discover, Master Card, or Visa), money orders, or checks made payable to The State Historical Society of Missouri. If you are paying by credit card, please pay via the online form at:

<http://www.shsofmissouri.org/cgi/store/0100.html> or contact us by telephone to process your payment.

The processing fee entitles the student to up to 10 copies of their transcript in one year. Please note that after 1 year, additional requests will require another processing fee.

**Mail requests to:**

The State Historical Society of Missouri  
Attn: John Konzal  
1020 Lowry Street  
Columbia, MO 65201-5149

**Fax:** 573-884-4950

Fees	
<b>State Historical Society of Missouri Members</b> Please include your membership number.	\$5.00
<b>Missouri nonmembers</b>	\$10.00
<b>Out-of-state nonmembers</b>	\$15.00

Questions should be directed to John Konzal at 573-884-6912 or [konzalj@umsystem.edu](mailto:konzalj@umsystem.edu)

**If the records for a former student cannot be located, a staff member will notify the student and the school/employer with a standard letter explaining the disposition of the Academy's records. Any fee will be returned to the student.**

**Name:** \_\_\_\_\_  
(last, first and middle)

**Address:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Dates attended:** \_\_\_\_\_ **Total No. of transcripts requested:** \_\_\_\_\_  
(yyyy-yyyy)

If you wish copies of your transcript to be sent to specific institutions, please include the full address and name of person or department to send transcript to below.

**Send transcript to:** \_\_\_\_\_

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

**PLEASE SIGN AND DATE FORM:**

**Signature (handwritten):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Kemper Military School**  
**Transcript Request**

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**Additional Institutions to send transcripts to:**

**Institution 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of transcripts to be sent to this institution: \_\_\_\_\_

**Institution 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of transcripts to be sent to this institution: \_\_\_\_\_

**Institution 3:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of transcripts to be sent to this institution: \_\_\_\_\_

**Institution 4:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of transcripts to be sent to this institution: \_\_\_\_\_

**Institution 5:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of transcripts to be sent to this institution: \_\_\_\_\_