

A.T. STILL UNIVERSITY | ATSU

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LeaderScript Request Form (Allow for 4-6 days processing)

Please print clearly

Date: _____

Full Name: _____

Signature: _____

Program _____ Grad Year: _____

___ Send to: Current Address (**where LeaderScript should be mailed**):

___ Will pick up LeaderScript in the Registrar's Office

___ Place LeaderScript in student box Student Box # _____

Office Use Only:

___ Reviewed by Mesa Student Services

___ Reviewed by Kirksville Student Services

Student ID# _____

Date Processed _____