



Request for Official Transcript

_____	_____	_____	_____
Date of Birth	Last year of attendance	K ID# or SS#	Phone #
(Print) Last Name	First	MI	Maiden
_____		_____	
Student's Signature		Date	

____ To be picked up by someone other than student. Name: _____

NOTE: Any person picking up transcript must have picture ID.

<input type="checkbox"/> Please mail: _____ ➔ Undergraduate _____ copies Graduate _____ copies Doctoral _____ copies *limit 3 copies (1 request per day)	Mail To Address(es) Below: _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Will pick up: Undergraduate _____ copies Graduate _____ copies Doctoral _____ copies *limit 3 copies (1 request per day)	
<input type="checkbox"/> Hold for current semester grades	
<input type="checkbox"/> Hold for degree notation	

Date Marked: _____ By: _____ Date Mailed: _____ By: _____ Date Picked Up: _____ By: _____	Update your permanent mailing address: _____ _____ _____
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