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Academic Records Request

Office of the Registrar • 1750 Independence Ave., Kansas City, MO 64106 • p. 816.654.7190 • f. 816.654.7191 • registrar@kcumb.edu

This is a multi-purpose form that allows students to request a copy of their most commonly solicited academic records. Once the form is complete, including a physical signature, please submit to the Office of the Registrar.

Student Information

Name _____ Former Name _____

SSN# Last four digits _____ Date of Birth (MM/DD/YYYY) _____ Student ID _____

Graduation Year or Last date of attendance _____ Program: COB COM Campus: Kansas City Joplin

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Request

- Unofficial Transcript** – An unofficial transcript does not bear the University seal, is red ink-stamped and is **free of charge**. Current students can view and print an unofficial transcript(s) via PowerCampus Self-Service.
- Immunization Records** – Graduates ONLY. Current students may contact OCE for immunization records.
- Letter of Verification for:**
 - Enrollment
 - Anticipated Graduation
 - Graduation – Graduates ONLY.
 - Good Standing** – DO NOT use this form for clerkship rotations. If you are a third- or fourth-year student and you need a letter of good standing, please contact your Clinical Education coordinator.
- MSPE (Dean’s Letter)**
- NBOME COMLEX Scores – Part 1**
- NBOME COMLEX Scores – Part 2**
- Copy of Diploma*** – Certified Paper Copy Certified PDF
- USMLE Scores – Part 1***
- USMLE Scores – Part 2***
- Other - Please specify.** _____

*Available only if copy is on file in the Office of the Registrar.

Send to the following location(s):

_____	_____
_____	_____
_____	_____
_____	_____

Student Signature _____ Date _____