



OFFICE USE ONLY

Date Rec'd _____

Amount Due \$ _____

Check # _____

Processed by _____

Official Transcript Request

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

Please complete, sign, and return this form **with payment** to the Office of the Registrar. Please note:

- Requests from students whose financial obligations to the University have not been satisfied will not be processed.
- Active students can view and/or print their *unofficial* transcript through PowerCampus Self-Service.
- For VSAS and ERAS requests, each additional update requires the \$15 fee. Please plan accordingly.

Student Information

Name _____ Former Name _____

SSN# Last four digits _____ DOB _____ Student ID _____

Graduation Year _____ Program: COB COM Campus: Kansas City Joplin

Address _____ City _____ State _____ Zip _____

Check here to make this your preferred address for KCU correspondence

Email _____ Phone _____

Request

Select where to send/upload your transcript:

- ERAS VSAS ERAS EFDO (Graduates applying for post-residency fellowship)

- Mail to following location(s)*:

*Official transcripts are printed on unalterable security paper with a raised seal. Requests to fax or email an official transcript cannot be processed.

Select one:

- Send immediately
- Hold request and send final transcript when available following graduation
- Hold request and send when grades are posted. (Please indicate which course grades to hold for in the space below.)

Additional Instructions: _____

Student Signature _____ Date _____

Payment Official transcripts are \$15 each. Payment must accompany request.

- Visa* Mastercard* Discover* Cash Check or money order payable to KCU

*I authorize a charge to be made to my credit card:

Credit card # _____ Expiration Date Month/Year _____

Name on Card Print _____

Billing Address If different from above _____

Signature To authorize credit card charge only _____