

**OFFICE USE ONLY**

Date Rec'd _____

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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@kansascity.edu

All official transcript requests must be placed through the National Student Clearinghouse. If you are a graduate seeking document uploads for a residency or fellowship application, please use the Residency and Fellowship Application Request form. You can find more information at <https://www.kansascity.edu/registrar>.

Once the form is complete, including a physical signature, please submit to the Office of the Registrar.

This form is intended for use by graduates/former students only.

Student Information

Name		Former Name		
SSN# <i>Last four digits</i>	Date of Birth <i>(MM/DD/YYYY)</i>	Student ID		
Graduation Year or Last date of attendance	Program	Campus	Kansas City	Joplin
Address	City	State	Zip	
Email	Phone			

Request

You must complete this records request form regardless of which KCU department maintains the requested record. Your request will be directed to the department that maintains the requested record.

State the purpose of the request below.

Specify the records you are requesting. If the type of record you want to request is not listed below, please attach a detailed list to this form of the specific items you are requesting.

Enrollment/Degree Verification Form *Please describe the type of verification needed and attach relevant forms/documents:*

Letter of Verification of Graduation

Copy of Diploma – Certified Paper Copy Certified PDF CeDiploma Access

MSPE (Dean's Letter)

See Attachment

Inspection and Review

Students may inspect and review their education records. If circumstances effectively prevent the student from inspecting and reviewing their records, or in KCU's discretion, KCU will make alternative arrangements or provide a copy of the requested education records. If applicable, select your preferred method of delivery.

Designate if the records will be shared with yourself or a third-party and your preferred delivery method.

Self or Third-Party:

Delivery Method:

If you are requesting documents to be processed and sent to a third-party, provide their name and information for their required delivery method.

Student Signature _____ **Date** _____