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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

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

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

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Request

NOTE: Most documents requested can be sent electronically.

- Verification Form** Please provide the name/type of form: _____
- Letter of Verification of Graduation**
- MSPE (Dean's Letter)**
- Copy of Diploma*** – Certified Paper Copy Certified PDF
- Immunization Records***
- Other - Please specify.** _____

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

Special Instructions:

Delivery

Select one of the following.

Email to the following address: _____

Upload to _____

Mail to the following location(s):

Student Signature _____ Date _____