REQUEST FOR ACADEMIC TRANSCRIPTS



Office of the Registrar

3901 Rainbow Blvd, MS 4005 Kansas City, KS 66160-7191 **PHONE:** 913-588-7055

FAX: 913-588-8841

EMAIL: kumcregistrar@kumc.edu

Regular transcript service (2-3 business days, domestic mail) is free of charge.

Only 1 (one) transcript will be send directly to the student per request.

Express services can be requested by completing an Express Option Form and submitting proper payment. The form can be found at http://www.kumc.edu/Documents/student%20services/expressoptionsform(0).pdf

PLEASE PRINT LEGIBLY	
Name:	KUID #:
Other Legal Names:	DOB:/
Email:	
School/Program while at KUMC:	Graduating Year:
Check Mailing Option Below:	
 □ Process now □ Hold until degree conferral is posted (approxing the last of the last o	lative GPA.
# of Requests Mail to: Mail t	to:
*It is the student's responsibility to verify mailing address(es) and co will not be sent after 12 months. After 12 months, a new request an Student Signature:	nd fee (if applicable) must be submitted.
Transcripts will not be provided for students with financial ar other obligations to the University of Kansas. Transcripts showork completed at KU. Transcripts from other institutions (hosehool, undergraduate work, etc.) must be requested directly	Date completed: Digh By:

that institution.

Batch: