



UNIVERSITY OF MISSOURI-KANSAS CITY

# Request for Transcript

REGISTRATION & RECORDS OFFICE

OFFICE USE ONLY			
HOLDS	A01	ADR	C**
	EX1	EX2	EX3
	R01	R02	SS1

Please note any transcript request with a student record hold will not be processed. Our office will contact you by email or phone to notify you of the hold. Holds that are not cleared within two weeks will result in the form being mailed back to you. Your original signature must be included. Questions? Call 816-235-1125.

### STUDENT INFORMATION: Required to identify your record. Please Print Clearly

Student ID Number or SSN _____	Date of Birth _____
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Name (Last, First, Middle) \_\_\_\_\_

Previous/Maiden Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City/Province \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

First Term/Year Attended UMKC \_\_\_\_\_ Last Term/Year Attended UMKC \_\_\_\_\_

Complete the following column for <b>RECIPIENT 1</b> If picking up or mailing to self, write "SELF" below.	Complete the following column to send to additional addresses <b>RECIPIENT 2</b>
1. <b>Mailing Address</b> - Print name and address of the recipient.          <b>Fax Number</b> _____ Only needed if you are requesting a faxed copy.	1. <b>Mailing Address</b> - Print name and address of the recipient.          <b>Fax Number</b> _____ Only needed if you are requesting a faxed copy.
2. <b>Quantity</b> _____ <b>FEE</b> x \$7.00 each	2. <b>Quantity</b> _____ <b>FEE</b> x \$7.00 each
3. <b>Delivery Method</b> Unless picking up in the office. <input type="checkbox"/> Standard USPS Mail Included <input type="checkbox"/> Fax \$ 5.00 <input type="checkbox"/> 3 Day USPS Express Mail \$ 20.00 <input type="checkbox"/> FedEx Overnight No P.O. Boxes \$ 25.00	3. <b>Delivery Method</b> Unless picking up in the office. <input type="checkbox"/> Standard USPS Mail Included <input type="checkbox"/> Fax \$ 5.00 <input type="checkbox"/> 3 Day USPS Express Mail \$ 20.00 <input type="checkbox"/> FedEx Overnight No P.O. Boxes \$ 25.00
4. <b>Special Handling</b> (Optional) No Charge <input type="checkbox"/> Attach separate document (Ex: AMCAS, PharmCAS, LSAC, etc.) <input type="checkbox"/> Hold for Grades Fall / Spring / Summer 20_____ <input type="checkbox"/> Hold for Degree Fall / Spring / Summer 20_____	4. <b>Special Handling</b> (Optional) No Charge <input type="checkbox"/> Attach separate document (Ex: AMCAS, PharmCAS, LSAC, etc.) <input type="checkbox"/> Hold for Grades Fall / Spring / Summer 20_____ <input type="checkbox"/> Hold for Degree Fall / Spring / Summer 20_____

<b>TOTAL DUE FOR ORDER</b>	<b>\$</b> _____
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<b>PAYMENT INFORMATION</b> Cash and American Express are not accepted. <input type="checkbox"/> Check or Money Order payable to UMKC <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover  <b>Credit Card Number :</b> _____  <b>Expiration Date:</b> _____	<b>SUBMIT REQUESTS TO</b> <b>Mailing Address:</b> Office of the Registrar 115 Administrative Center 5100 Rockhill Rd Kansas City, MO 64110  <b>Physical Address:</b> 5115 Oak Street Administrative Center Room 115  <b>FAX:</b> 816-235-5513
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**STUDENT SIGNATURE (REQUIRED):** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY	PICK-UP	TRACKING # _____	COULD NOT PROCESS (INITIAL) _____		DATE CONTACTED _____
	FAXED	PAYMENT RECEIVED \$ _____	BAD CC # _____	BAD FAX # _____	NO SIGNATURE
	MAILED	PAYMENT TYPE: CHECK # _____ CREDIT CARD	OTHER _____	HOLDS _____	NO PAYMENT