

**TRANSCRIPT REQUEST FORM**  
**TRANSCRIPTS ARE AVAILABLE AT NO CHARGE**

Please print, complete and return this form.

**If faxing form, use Black Ball Point or Felt Tip Pen.**

Kent State University  
 Office of the University Registrar  
 Po Box 5190  
 Kent OH 44242-0001

Office Number: 330-672-3131  
 Fax Number: 330-672-3867

<ul style="list-style-type: none"> <li>• <b>All financial obligations to Kent State University must be satisfied before transcripts are released.</b></li> <li>• Failure to provide complete information will result in a delay in processing your request.</li> <li>• Official transcripts sent directly to a student are marked "ISSUED TO THE STUDENT" and may not be accepted by a third party.</li> </ul>	Are you currently attending? ___ YES ___ NO
	When did you first attend? TERM/YR:
	When did you last attend? TERM/YR:
	Campus(es) Attended
Dates of Attendance	

Kent State ID Number or SSN		Date of Birth		Daytime Phone Number	
First Name	Middle Name	Last Name		Former Names	
Street Address			City	State	Zip Code

<b>Student Signature</b>	Date
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**MAIL TRANSCRIPT TO:** (Print Complete Address)  
 Number of Copies Requested \_\_\_\_\_  
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**SPECIAL REQUESTS**  
 Process this transcript request when the following are posted:

Current Semester Grades \_\_\_\_\_

Degree For: \_\_\_\_\_  
(Allow 4 weeks after graduation for degree to be posted.)

Grade Change for:  
 \_\_\_\_\_  
 Department                      Course                      Term

Separately sealed envelopes required.

Other - Please Specify  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REGISTRAR'S USE ONLY**

\_\_\_\_\_ Date Ordered                      Processed By \_\_\_\_\_

\_\_\_\_\_ Date Mailed                      Processed By \_\_\_\_\_

Total No. Copies Mailed \_\_\_\_\_