



Request for Transcript

REGISTRATION & RECORDS OFFICE

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 _____
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 _____

RECIPIENT 1 If picking up or mailing or e-mailing to self, write "SELF" below.	Complete the following column to send to additional addresses RECIPIENT 2
E-Mail Address of Recipient – Print e-mail address and first and last name of recipient and/or receiving school name and department Mailing Address - Print name and address of the recipient. Fax Number _____ <small>Only needed if you are requesting a faxed copy.</small>	E-Mail Address of Recipient – Print e-mail address and first and last name of recipient and/or receiving school name and department Mailing Address - Print name and address of the recipient. Fax Number _____ <small>Only needed if you are requesting a faxed copy.</small>
2. Quantity _____	2. Quantity _____
3. Choose Delivery Method <u>Cost per Copy</u> <input type="checkbox"/> New E-Delivery (Electronic) \$10 <input type="checkbox"/> Standard USPS Mail \$10 <input type="checkbox"/> Pick Up \$10 <input type="checkbox"/> Fax \$15 <input type="checkbox"/> 3 Day USPS Express Mail \$30 <input type="checkbox"/> FedEx Overnight No P.O. Boxes \$35	3. Choose Delivery Method <u>Cost per Copy</u> <input type="checkbox"/> New E-Delivery (Electronic) \$10 <input type="checkbox"/> Standard USPS Mail \$10 <input type="checkbox"/> Pick Up \$10 <input type="checkbox"/> Fax \$15 <input type="checkbox"/> 3 Day USPS Express Mail \$30 <input type="checkbox"/> FedEx Overnight No P.O. Boxes \$35
4. Special Handling (Optional) No Charge <input type="checkbox"/> Attach separate document (Ex: AMCAS, PharmCAS, LSAC, etc.) <input type="checkbox"/> Hold for Grades <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer 20____ <input type="checkbox"/> Hold for Degree <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer 20____	4. Special Handling (Optional) No Charge <input type="checkbox"/> Attach separate document (Ex: AMCAS, PharmCAS, LSAC, etc.) <input type="checkbox"/> Hold for Grades <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer 20____ <input type="checkbox"/> Hold for Degree <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer 20____

TOTAL DUE FOR ORDER \$ _____

PAYMENT INFORMATION 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 Credit Card Number : _____ Expiration Date: _____	SUBMIT REQUESTS TO <table style="width: 100%;"> <tr> <td style="width: 50%;">Mailing Address:</td> <td style="width: 50%;">Physical Address:</td> </tr> <tr> <td>Office of the Registrar</td> <td>5115 Oak Street</td> </tr> <tr> <td>115 Administrative Center</td> <td>Administrative Center</td> </tr> <tr> <td>5100 Rockhill Rd</td> <td>Room 115</td> </tr> <tr> <td>Kansas City, MO 64110</td> <td>FAX: 816-235-5513</td> </tr> </table>	Mailing Address:	Physical Address:	Office of the Registrar	5115 Oak Street	115 Administrative Center	Administrative Center	5100 Rockhill Rd	Room 115	Kansas City, MO 64110	FAX: 816-235-5513
Mailing Address:	Physical Address:										
Office of the Registrar	5115 Oak Street										
115 Administrative Center	Administrative Center										
5100 Rockhill Rd	Room 115										
Kansas City, MO 64110	FAX: 816-235-5513										

STUDENT SIGNATURE (REQUIRED): _____ **Date:** _____

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