



Transcript Request to/for Park University

Date: _____

To: Registrar's Office

From: Name: _____ SSN: _____ - _____ - _____

Address: _____

The name under which I attended (if different from above): _____

I attended your institution from: _____ to: _____

I am enclosing \$ _____ to cover the transcript fee.

Please forward an OFFICIAL copy of my transcript to the address below:

Park University
8700 N.W. River Park Dr (Box 27)
Parkville, MO 64152

I hereby give my consent to have my transcript released to Park University at the address listed on this form.

Signature: _____

Date: _____