TRANSCRIPT REQUEST FORM

TODAY’S DATE: __________________________

OFFICE OF THE REGISTRAR

NOTE: No transcript request will be issued unless at least one graded Park University course appears on the transcript. No outstanding balance may show on the student’s account. No transcript (Official or Unofficial) can be ordered by phone or fax. Official transcripts mailed directly to student will be stamped “Official Transcript Issued to Student in Sealed Envelope. Transcripts must be ordered through the mail or on-line at http://websera.park.edu/registrar/transcripts.html

LAST DATE OF ATTENDANCE: ___________ DID YOU GRADUATE: NO: ___________

MAIL REQUEST AND PAYMENT TO:
OFFICE OF REGISTRAR
PARK UNIVERSITY
8700 NW RIVER PARK DR CMB 27
PARKVILLE MO 64152-3795

STUDENT ID NUMBER: ________________________________

DATE OF BIRTH: _____________________________________ EMAIL: ________________________________

NAME: ____________________________________________________________________________________

(LAST) (FIRST) (MI) (MAIDEN OR ALTERNATE)

CURRENT ADDRESS: _________________________________________________________________________

(STREET) (APT. NO.)

(CITY) (STATE) (ZIP) PHONE: ____________________________

Undergraduate transcripts and Graduate transcripts require separate requests as they are separate transcripts.

UNDERGRADUATE TRANSCRIPT GRADUATE TRANSCRIPT TEACHER PLACEMENT FILE

# _____ UNOFFICIAL (NO CHARGE) # _____ UNOFFICIAL (NO CHARGE) # _____ OFFICIAL ($20.00)

# _____ OFFICIAL ($10.00 PER COPY) # _____ OFFICIAL ($10.00 PER COPY) # _____ UNOFFICIAL ($10.00)

ATTENDED: CHECK ONE: PICK UP LOCATION:

____ HOME CAMPUS ____ SEND NOW. DO NOT HOLD FOR GRADATES

____ KC 8 ACCELERATED ____ HOLD FOR CURRENT SEMESTER GRADES

____ LOCATION ____ HOLD FOR DEGREE STATEMENT

____ MAIL IT ____ PICK UP IN NОРРИНГТОН

____ PICK UP IN REGISTRAR OFFICE

STUDENT SIGNATURE: ___________________________________________________ (REQUIRED TO AUTHORIZE RELEASE)

SEND TRANSCRIPTS TO: (PRINT LEGIBLY AND GIVE COMPLETE ADDRESS)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please include form of payment:

Cashier’s Check
Personal Check*
Money Order

*Personal checks must include driver’s license number, issuing state, and expiration date

8700 NW River Park Drive • Parkville MO 64152-3795
(816) 584-6276   (816) 584-6275

REGISTRAR 04/02/2015