



TRANSCRIPT REQUEST FORM

OFFICE OF THE REGISTRAR

TODAY'S DATE: _____

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 <https://www.park.edu/registrar/transcripts>

As of September 26, 2022, unofficial transcripts are only available through MyPark. MyPark is available to current students and students who have attended Park within 2 years. Students who attended 2+ years ago, will need to order an official transcript.

DID YOU GRADUATE? NO: YES:

IF YES: MONTH/YEAR: ____/____ IF NO: LAST MONTH/YEAR OF ATTENDANCE: ____/____

STUDENT ID NUMBER _____ **DATE OF BIRTH:** ____/____/____

NAME: _____
(LAST) (FIRST) (MI) (MAIDEN OR ALTERNATE)

PHONE: _____ **EMAIL:** _____

Undergraduate, Graduate, and Professional Development transcripts require separate requests as they are separate transcripts.

UNDERGRADUATE TRANSCRIPT

GRADUATE TRANSCRIPT

PROFESSIONAL DEVELOPMENT

____ OFFICIAL (\$12.00 PER COPY)

____ OFFICIAL (\$12.00 PER COPY)

____ OFFICIAL (\$12.00 PER COPY)

CHECK ONE:

- ____ SEND NOW. DO NOT HOLD FOR GRADES
- ____ HOLD FOR CURRENT SEMESTER GRADES
- ____ HOLD FOR DEGREE STATEMENT

PICK UP LOCATION:

- ____ MAIL IT
- ____ PICK UP IN REGISTRAR OFFICE (Same day pick up service \$15.00)

STUDENT SIGNATURE: _____ (REQUIRED TO AUTHORIZE RELEASE)

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

TRANSCRIPTS ORDERED VIA THIS METHOD CAN ONLY BE MAILED

ATTENTION: _____
COMPANY/SCHOOL: _____
ADDRESS LINE 1: _____
ADDRESS LINE 2: _____
CITY _____ STATE _____ ZIP _____

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

TO BE COMPLETED BY PARK UNIVERSITY STAFF

PROCESSED DATE: _____

CC \$ _____ **CHECK \$** _____

CASH \$ _____ **UNABLE TO RELEASE REASON**

STAFF SIGNATURE: _____

****PERSONAL CHECKS MUST HAVE DRIVER'S LICENSE NUMBER, ISSUING STATE AND EXPIRATION DATE NOTED****