



ONLINE REGISTRAR'S OFFICE
550 West Van Buren, 7th Floor
Chicago, IL 60607
Tel: 312.777.6333
Fax: 800.588.4127 (Toll Free)

Kaplan University Online Student Transcript Request Form

Students must submit all Kaplan University official and unofficial transcript requests in writing. Unofficial transcript requests will be processed within 48 business hours of being received. Official transcript requests must be cleared by Student Accounts first and will be processed within 7 to 10 business days, provided that the student has met all financial obligations to the University.

This PDF form can be filled out online by clicking on each line, typing your response, and hitting "Tab" to go to the next field. Please complete, print, sign, and send this form and any required payments to:

Online Registrar's Office
550 West Van Buren, 7th Floor
Chicago, IL 60607

If paying by credit card, you may fax this form to 800.588.4127 (Toll Free).

Please fill out the following information completely:

LAST NAME: FIRST NAME: MIDDLE INITIAL: PREVIOUS NAME(S)\*:

SOCIAL SECURITY #: DATE OF BIRTH: HOME PHONE:

CURRENT

ADDRESS:

CITY: STATE: ZIP:

SHOULD WE UPDATE OUR RECORDS TO REFLECT THIS ADDRESS? YES NO

Unofficial Transcript

PLEASE RELEASE COPIES OF MY UNOFFICIAL TRANSCRIPTS TO EACH OF THE ADDRESSES BELOW.

MY CURRENT ADDRESS LISTED ABOVE

Form field for address and checkbox

Official Transcript

Official transcripts are only released if the student has met all financial obligations to the University. There is a \$5.00 fee for each copy. Please attach a check for the total amount required or include your credit card information below.

PLEASE RELEASE COPIES OF MY OFFICIAL TRANSCRIPTS TO EACH OF THE ADDRESSES BELOW.

MY CURRENT ADDRESS LISTED ABOVE

Form field for address and checkbox

Payment Information:

Check/Money Order Visa MasterCard Discover American Express Paid Online

CARD # \_\_\_\_\_

EXPIRATION DATE (M/YY)

\_\_\_\_\_  
CARDHOLDER'S NAME \_\_\_\_\_

TOTAL PAYMENT ENCLOSED

\$ \_\_\_\_\_

CARDHOLDER'S ADDRESS  
\_\_\_\_\_

By signing this form, I authorize Kaplan University to release my transcripts to the parties listed above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* If your name has changed since being enrolled at Kaplan University, you will need to contact the Registrar's Office at 312-777-6333 with proper documentation to get your records updated.

M-KC-KCSTU 09/07