



Please return to:
Office of the Registrar
Kutztown University
PO Box 730
Kutztown, PA 19530

Since you have an outstanding obligation to the University, no transcript of record will be sent out until this obligation has been met. Please contact _____.

FOR REGISTRAR'S OFFICE USE ONLY

TRANSCRIPT REQUEST FORM

- Please complete this form and allow 2-3 business days after receipt for processing. In the case of high volume, there may be a delay.
- Transcripts for students enrolled prior to Fall 1983 may take longer to process, and same day service cannot be guaranteed.
- The Registrar's Office is not responsible for incomplete or incorrect addresses. The University does **not** fax transcripts.
- Requests will **not** be honored for a person with financial or other outstanding obligations to the University.
- Students are limited to **five** transcript requests per day.
- All transcripts are sent via standard US mail unless a pre-paid envelope is provided.
- Transcripts cannot be mailed to a dorm address.

Student's Name (Please Print): _____ Degree(s) Earned: _____

Student ID # or Social Security Number: _____ Date of Birth: _____

Dates of Enrollment: From _____ To _____ Phone #: Home () _____ Cell () _____

Address: _____ City: _____ St: _____ Zip: _____

☐ Check here if this address constitutes a request to change your permanent address.

Maiden/Former Name: _____

A copy of a legal document is required to change your name on your transcript. (Marriage license, etc.)

STUDENT'S SIGNATURE _____ Today's Date _____

Your signature authorizes, under the Privacy Act, the release of your transcript.

WHEN REQUIRED:

☐ Process immediately.

☐ Process after current semester's/session's grades are recorded. Specify semester/session and year _____

☐ Process after Degree I am currently pursuing is recorded on my transcript. Specify semester/session and year _____

TRANSCRIPT TYPE:

☐ Undergraduate/Bachelor's

☐ Graduate/Master's

☐ Both Undergraduate/Bachelor's and Graduate/Master's

☐ Official

☐ Unofficial

☐ I will pick up my transcript(s). _____ # of transcripts to pick up

A photo ID is required to pick up transcripts. If someone else will be picking up your transcript(s), please provide that individual's complete name. Please notify that individual that he/she will be asked to provide a photo ID at the time of pick-up.

☐ Please mail transcript(s) to: (Please print legibly.)

Name _____

Address _____

City, State, Zip _____

of transcripts to be sent _____

☐ me at the address noted at the top of the form
☐ the following individual/institution

Name _____

Address _____

City, State, Zip _____

of transcripts to be sent _____