



DONNELLY COLLEGE

Office of the Registrar | 608 N 18th Street | Kansas City, KS 66102 | donnelly.edu | (913) 621-8733

TRANSCRIPT REQUEST FORM

I hereby authorize Donnelly College to release my transcripts to:

REQUESTOR'S SIGNATURE: _____

REQUESTOR'S INFORMATION (please print):

Last Name

Maiden Name

First

Middle

Address

City

State

Zip

Date of Birth

()
Phone Number

Email address

When did you last attend Donnelly College? _____

Month

Year

CHECK ONE: Send immediately Hold for final grades Will pick up

**Other schools may not accept a hand carried transcript as official*

FEE: Transcript fee of \$4.00 must accompany this form.