ACADEMIC TRANSCRIPT REQUEST

CALVARY UNIVERSITY
15800 Calvary Road, Kansas City, MO 64147-1341
Phone: 816-322-0110 FAX: 816-331-4474

Full Name (please print) _____
Last First Middle Maiden

Your Mailing Address: _____

_____

Phone #: _____ E-mail Address: _____

Student ID# ***OR*** SSN: _____ Name used on Calvary Records: _____

Date of Birth: _____ Dates of Attendance/Degree & Year: _____

_____ Number of transcripts requested ☐ Official ☐ Unofficial
Fee: $5 per copy requested ☐ Send now ☐ Hold for final grades

Official copies of transcript(s) will be forwarded only to an institution or agency or, upon request, sent to a student in a separate, sealed envelope. Unofficial copies will be stamped "**Unofficial – Issued to Student**".

Please send transcript to: _____

_____

_____

Payment Options

☐ Pay with Credit/Debit Card

***NOTE:** A 3-5% service fee will be applied based on the card used. This service fee will be added to the transcript fee and charged to your card. You can avoid this additional fee by using the e-check option.

Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. Date _____ Code on Card _____

Name on Card _____

Address (if different from above) _____

_____

☐ Pay with E-Check (no service fee)

Name on Account: _____ Account Type: ☐ Checking ☐ Savings

Account Number: _____ Routing Number: _____

I hereby authorize the release of my transcript to the institution or agency listed above. My signature below indicates that I understand a service fee will be applied to my payment if I am using a credit or debit card.

SIGNATURE REQUIRED: _____ DATE: _____

We cannot process your transcript request without your actual signature.

For Office Use Only

Fees: $5.00 X _____ Date Request Recvd: _____

Total Amount: _____ Date Transcript Sent: _____

Account Clear: _____ Sent by: _____

You may fax form to 816-331-4474 or email to registrar@calvary.edu

Form update 06/18