



# ACADEMIC TRANSCRIPT REQUEST

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																					
<input type="checkbox"/> Pay with Credit/Debit Card	Credit Card Type _____																				
*NOTE: A service fee of a minimum of \$1 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 #	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Exp. Date	Code on Card																				
Name on Card _____																					
Address (if different from above) _____ _____																					
<input type="checkbox"/> Pay with E-Check (no service fee)	Name of Bank: _____																				
Name on Account: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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: _____