



# 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: \_\_\_\_\_

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:

Transcript #1 Address: School / Business: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_ **OR** e-mail address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_

*\* some institutions do not accept email transcripts*

Transcript #2 Address: School / Business: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_ **OR** e-mail address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_

*\* some institutions do not accept email transcripts*

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.*

<b>For Office Use Only</b>	
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