



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.

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