Transcript Request Form

Purpose of this form: Use this form if you need to receive a copy of your academic records for education, employment, and/or for any other reasons. Transcripts will be issued only upon the request of the student. Your transcript will indicate all courses completed at Kingston University as well as all credits accepted from other institution(s) listed along with the name of institution(s). Transcripts can NOT be released to students who owe Kingston University fees or charges or who have missing documents in his/her file required by the university. There are two kinds of transcripts issued by Kingston University. Official Transcript, which bears a raised seal of the university, and sent in a sealed envelope directly either to student or to the third party which is authorized by the student, is an official transcript, and must remain sealed to be official, and can be used for educational and professional purposes. Student copy, which does not bear raised seal of the university, can only be used by the student for his/her personal use.

Student Name:________________________________________________ ID #: __________

Last Name                                      First Name

Address:__________________________________________________________

Street                                                                                                 City

State     Zip

Phone:  _______________ Fax:  _______________ Email:  _________________________________

Program of Study:____________________________________________________

Quarter First Admitted :        Winter / Spring / Summer / Fall     Year:  ____________

Please indicate number of copies for the type of Transcript requested

<table>
<thead>
<tr>
<th>Delivery Option</th>
<th>Official Transcript</th>
<th>Student Copy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Mail*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Express Mail**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Delivery Charge

Pick up by student

Amount Due ($)     TOTAL AMOUNT DUE

$  

*No charge for delivery through regular mail

**Please check with the Registrar office for various express delivery options and current rate

Please indicate the proper recipient name(s) and address for delivery of your transcript(s) below

Party 1: ____________________________________________ No. Transcript _______

Address:________________________________________________________________________

Country______________________________________________

Party 2: ____________________________________________ No. Transcript _______

Address:________________________________________________________________________

Country______________________________________________

Student’s signature ___________________________ Date ________________

~~~~~~~~~~~~ Office Use Only ~~~~~~~~~~~~~

Received by: Date:  

Action taken: Date:  

Date transcript(s) delivered/student pick up: