# EKU TRANSCRIPT REQUEST

Please TYPE or PRINT clearly & firmly.

Student Name:_____/_____/_____ Birthdate:_____
*LAST* *FIRST* *MIDDLE*

***FEDERAL LAW REQUIRES SIGNATURE (AND DATE) BELOW BEFORE TRANSCRIPT CAN BE RELEASED.***

***Student signature***: _____ ***DATE***:_____

EKU I.D.:_____
*By signing above I authorize release of my academic information and agree to any and all conditions outlined on this request form.*

Permanent Mailing Address:_____

_____

Daytime Telephone Number:_____ email:_____

Other name used on records: _____ (example: maiden name)

Check if you are currently enrolled at EKU ☐ ***OR*** Indicate when last enrolled at EKU; Year _____

- **Your signature is required:**
  - By federal law transcripts are released only by a request ***SIGNED BY THE STUDENT***.
- **If you have a HOLD:**
  - Transcript services are ***WITHHELD*** for any student who owes the University money or property.
- **Transcripts to be Mailed:**
  - **You may MAIL** your signed form to: Transcript Department, Whitlock 239, CPO 58 Richmond, KY 40475-3158, **EMAIL** your signed form to: reg.transcripts@eku.edu or **FAX** your signed form to: 859-622-6207. Payment must be made via the Registrar's payment page (see payment section below).
- **Copies of transcripts:**
  - We are sorry but transcripts from high schools or other colleges cannot be duplicated! You must contact them directly for an original transcript.

*For further information regarding transcripts, you may contact the Registrar's Office at (859) 622-2320*

## TRANSCRIPT REQUEST INFORMATION – PREPAYMENT IS REQUIRED

**I am requesting _____ official copies of my transcript: ☐ For Pickup ☐ To be Mailed (complete recipient information below)**
***Quantity***

***Recipient Information:*** **NOTE: Student is responsible for correct address. If transcript is to be sent to more than one address, use additional forms. Transcripts will be mailed 3-5 university business days from receipt of request.**

Name_____

Street_____

_____

City_____

State & Zip Code_____

***Special Instructions:*** *If you request below that we hold for grades or degree, and we find at the time of processing that you have a university hold preventing release of transcript – this request form will be returned and the cost of the transcript* ***will not be refunded*****.**

_____ A. Send now, do not hold for term grades

_____ B. Hold for term/semester grades

_____ C. Hold until **Degree/Certification** statement is on record (term:_____)

_____ D. Hold for change of grade (course: _____)

_____ E.Special Instructions: _____

***Method of Payment:***

_____ Check or Money Order enclosed for _____ amount. **(Transcripts are $15 per copy)**

To pay by credit card (must pay via Registrar's payment page):

https://secure.touchnet.net/C20703_ustores/web/store_cat.jsp?STOREID=17&CATID=34

Order # (Required):

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