



EKU TRANSCRIPT REQUEST Transcripts will be mailed in 3 -5 business days from receipt of this request.

Print form and mail, email or fax to address below. Requests received with **NO PAYMENT** will be **RETURNED TO THE STUDENT** address provided below. Please PRINT information clearly & firmly.

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

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

SIGNATURE: _____ **DATE:** _____

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

EKU I.D. **OR** Social Security Number: _____ Date & Type of Degree: _____

Daytime Telephone Number: _____ email: _____

Student's Mailing Address:

Street _____

City _____

State & Zip Code _____

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

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

- **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).
- By federal law transcripts are released only by a request **SIGNED BY THE STUDENT**.
- Transcript services are **WITHHELD** for any student who owes the University money or property.
- **PARTIAL TRANSCRIPTS** are not issued. Transcripts show all work completed at this institution and a summary of transfer work.
- **TRANSCRIPTS FROM HIGH SCHOOLS OR OTHER COLLEGES** cannot be duplicated! You must contact them directly for an original transcript.
- Every attempt is made to properly mail requests, but the **University cannot assume responsibility for final delivery.**

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

TRANSCRIPT REQUEST INFORMATION – PREPAYMENT IS REQUIRED

Please send _____ transcript(s) to: **NOTE: Student is responsible for correct address. If transcript is to be sent to more than one address, use additional forms.**
quantity

Name _____

Street _____

City _____

State & Zip Code _____

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_main.jsp?STOREID=17&clearPreview=true

Order # (Required):

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: _____