EKU TRANSCRIPT REQUEST

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

Print form and mail or fax to address below, **if faxed credit card info must be included**. 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 this form to**: Eastern Kentucky University, Transcript Department, 521 Lancaster Avenue, SSB 239, CPO 58 Richmond, KY 40475-3158. You may also **FAX** your signed request to 859-622-6207 (*include credit card info*).
- 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 Records Office at (859) 622-5045, or (859) 622-1102.

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_____

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** statement is on record (term: _____)

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

_____ E.Special Instructions: _____

Method of Payment: *(if request is faxed credit card info must be included)*

_____ Check or Money Order enclosed for _____ amount. **(Transcripts are $3 per copy)**

_____ Charge my Credit Card: _____ Visa or _____ MasterCard

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

3-digit security # * ☐☐☐

Found on the back of the card - normally above or following the last four digits of the account number.

Exp. Date:_____ Card Holder Zip Code:_____