



TRANSCRIPT REQUEST FORM

TODAY'S DATE: _____

OFFICE OF THE REGISTRAR

NOTE: No transcript request will be issued unless at least one graded Park University course appears on the transcript.
No outstanding balance may show on the student's account. No transcript (Official or Unofficial) can be ordered by phone or fax.
Official transcripts mailed directly to student will be stamped "Official Transcript Issued to Student in Sealed Envelope"
Transcripts must be ordered through the Mail or on-line at <https://www.park.edu/registrar/transcripts>

LAST DATE OF ATTENDANCE: _____ DID YOU GRADUATE: NO: _____

YES: _____

MAIL REQUEST AND PAYMENT TO:
OFFICE OF REGISTRAR
PARK UNIVERSITY
8700 NW RIVER PARK DR CMB 27
PARKVILLE MO 64152-3795

Date Graduated: _____

STUDENT ID NUMBER _____

DATE OF BIRTH: _____ EMAIL: _____

NAME: _____
(LAST) (FIRST) (MI) (MAIDEN OR ALTERNATE)

CURRENT ADDRESS: _____
(STREET) (APT. NO.)

PHONE: _____
(CITY) (STATE) (ZIP)

Undergraduate transcripts and Graduate transcripts require separate requests as they are separate transcripts.

UNDERGRADUATE TRANSCRIPT

GRADUATE TRANSCRIPT

TEACHER PLACEMENT FILE

_____ UNOFFICIAL (NO CHARGE)

_____ UNOFFICIAL (NO CHARGE)

_____ OFFICIAL (\$20.00)

_____ OFFICIAL (\$12.00 PER COPY)

_____ OFFICIAL (\$12.00 PER COPY)

_____ UNOFFICIAL (\$10.00)

ATTENDED:

____ HOME CAMPUS
____ KC 8 ACCELERATED
____ LOCATION

CHECK ONE:

____ SEND NOW. DO NOT HOLD FOR GRADES
____ HOLD FOR CURRENT SEMESTER GRADES
____ HOLD FOR DEGREE STATEMENT

PICK UP LOCATION:

____ MAIL IT
____ PICK UP IN REGISTRAR OFFICE
(Same day pick up service \$15.00)

STUDENT SIGNATURE: _____ (REQUIRED TO AUTHORIZE RELEASE)

SEND TRANSCRIPTS TO: (PRINT LEGIBLY AND GIVE COMPLETE ADDRESS)

TO BE COMPLETED BY PARK UNIVERSITY STAFF

CC \$ _____ CHECK \$ _____

CASH \$ _____

STAFF

SIGNATURE: _____

PERSONAL CHECKS MUST HAVE DRIVER'S LICENSE NUMBER, ISSUING STATE AND EXPIRATION DATE NOTED

8700 NW River Park Drive • Parkville, MO 64152-3795
(816) 584-6276 (816) 584-6275