**TRANSCRIPT REQUEST FORM**

**TRANSCRIPTS ARE AVAILABLE AT NO CHARGE**

Please print, complete and return this form.

*If faxing form, use Black Ball Point or Felt Tip Pen.*

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Kent State University
Office of the University Registrar
Po Box 5190
Kent OH 44242-0001

Office Number: 330-672-3131
Fax Number: 330-672-3867

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- All financial obligations to Kent State University must be satisfied before transcripts are released.
- Failure to provide complete information will result in a delay in processing your request.
- Official transcripts sent directly to a student are marked "ISSUED TO THE STUDENT" and may not be accepted by a third party.

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Are you currently attending? _____YES _____NO

When did you first attend? TERM/YR:

When did you last attend? TERM/YR:

Campus(es) Attended

Dates of Attendance

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Kent State ID Number or SSN
Date of Birth
Daytime Phone Number

First Name    Middle Name    Last Name    Former Names

Street Address    City    State    Zip Code

Student Signature
Date

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MAIL TRANSCRIPT TO: (Print Complete Address)
Number of Copies Requested ___________

City    State    Zip Code

SPECIAL REQUESTS
Process this transcript request when the following are posted:

☐ Current Semester Grades____________________

☐ Degree For:_______________________________

☐ Separately sealed envelopes required.

☐ FedEx Account:____________________________

FedEx Shipping Option:______________________
Ex. Standard Overnight, 2Day, etc. If you do not specify a shipping option, your transcript will be sent Standard Overnight. For full list of shipping options, please visit FedEx.com.

☐ Other - Please Specify ____________________

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MAIL TRANSCRIPT TO: (Print Complete Address)
Number of Copies Requested ___________

City    State    Zip Code

REGISTRAR’S USE ONLY

Date Ordered    Processed By

Date Mailed    Processed By

Total No. Copies Mailed________________________

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Revised 3/28/16