

# TRANSCRIPT REQUEST

Cost is \$10.00 per transcript.

PLEASE PRINT LEGIBLY



University Registrar  
10 Funkhouser Building  
Lexington, KY 40506-0054  
(859) 257-3161  
Fax: (859) 257-7160

Date \_\_\_\_\_

SS#/Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and Address	Name		
	Last	First	Middle
Street			
City		State	Zip Code
Former Last Name		Phone #	
Email			

Are you currently enrolled?  Yes  No

Did you attend UK prior to Fall 1988?  Yes  No

Did you attend Northern Community College or Fort Knox?  Yes  No

Dates of attendance at UK: \_\_\_\_\_ to \_\_\_\_\_

*This office does not process transcripts for the Colleges of Medicine or Dentistry.*

<b>Mail to:</b>	

In accordance with Federal Law and KRS 164.283, records cannot be released without the written consent of the student.

<b>STUDENT'S SIGNATURE:</b>
_____

R009 (Rev. 07/09)

CHECK ALL THAT APPLY:

MAIL

PICK-UP

Place each transcript in an official envelope with Registrar's stamp.

HOLD for end of semester grades

Fall  Spring

4-week  8-week

HOLD for posting of degree

Degree \_\_\_\_\_

Term \_\_\_\_\_

HOLD for grade change or repeat option

Course \_\_\_\_\_ Grade \_\_\_\_\_

Term \_\_\_\_\_

OVERNIGHT SERVICE:

The University does not pay for overnight service. The cost for overnight service will be charged to your credit card and will be billed directly from the overnight service provider. **We must have a complete street address (no post office boxes), city, state, zip code and telephone number for overnight service.** If you wish for Saturday delivery, check the box below. There is an additional charge for Saturday delivery. **Overnight service is not available for work completed prior to Fall 1988.**

Yes, I want to pay for Saturday delivery.

**TOTAL # OF TRANSCRIPTS** \_\_\_\_\_

**NOTE:** Transcripts will not be released if the student has an outstanding financial obligation to the University of Kentucky. Transcripts sent to or picked-up by student will state "Official Transcript Issued to Student."

**TO PAY BY CREDIT CARD, COMPLETE THE FOLLOWING INFORMATION:**

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Type:  Visa  MasterCard

Security Code (on back of card) \_\_\_\_\_

**OFFICE USE ONLY:**

Amt. Paid: \_\_\_\_\_ Amt. Due: \_\_\_\_\_

Received by: \_\_\_\_\_ Holds checked: \_\_\_\_\_