

Kentucky Christian University Transcript Request

Allow 2 weeks for processing. Requests *will not* be processed without payment. Transcripts will be withheld if you owe KCU money/property or if defaulted on Perkins.

Student Name: _____ Birth date: _____
Last First Middle MM/DD/YYYY

Former/Maiden Name: _____ Are you currently enrolled at KCU? YES NO Year Last Enrolled: _____

Mailing Address: _____
Street City State Zip

KCU I.D. **OR** Social Security Number: _____ Year of Graduation: _____ Program of Study: _____

Daytime Telephone Number: (_____) - _____ Email: _____

By signing below I authorize KCU to release my academic information and agree to any and all conditions outlined on this request form. FEDERAL LAW REQUIRES SIGNATURE (AND DATE) BEFORE TRANSCRIPT CAN BE RELEASED. Please *handwrite* and date this form.

Signature: _____ Date: _____

Student is responsible for correct address of recipient of transcript. Please use additional forms if there are more than 2 addresses.

Send # transcripts to:

Organization

Attn:

Street

City State Zip

Send # transcripts to:

Organization

Attn:

Street

City State Zip

Each Transcript is \$5. Overnight is \$25. Transcript fees are nonrefundable. To pay online visit <https://www.kcu.edu/campus-offices/registrar/transcript-request/>

Online Payment Cash Check Money Order

**Mail form to: Kentucky Christian University, Office of the Registrar, 100 Academic Parkway, Grayson, KY 41143
Fax: 606-474-3189 Email: registrar@kcu.edu**

Office Use: Received: _____ Sent: _____ Holds: Financial Aid Perkins Student Services Unpaid Account Paid: ONL CASH CHK MO