



# REQUEST FOR OFFICIAL TRANSCRIPTS

Rockhurst University  
Office of the Registrar  
1100 Rockhurst Road  
Kansas City, MO 64110  
Fax: (816) 501-4677

(Please print clearly):

Student Id Number	Date of Birth	Dates of Enrollment	Degree Received
Last	First	Middle	Previous/Maiden
Street	City	State	Zip
Current Email Address		Phone Number	

### PROCESSING INSTRUCTIONS (please choose from the following):

- Process now.
- Wait for grades to be posted: Term/Session \_\_\_\_\_
- Wait for my degree to be posted: May August December \_\_\_\_\_
- Wait for my grade change or Removal of Incomplete: Course \_\_\_\_\_
- Special Instructions: \_\_\_\_\_

### RELEASE TRANSCRIPT(S):

- To me – Number of copies: \_\_\_\_\_ (please choose from the following):
  - Pick up in Massman Hall – Rock Stop.
  - Mail to my *current address listed above*.
- Fax an Unofficial Transcript to: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Contact Person Fax Number

**I give my permission for my Unofficial Transcript to be faxed by the Office of the Registrar at Rockhurst University. I do understand that this is not an official document.** Initial: \_\_\_\_\_

- And/or mail to the following completed address(es) below:

Number of copies: _____	Number of copies: _____
To: _____	To: _____
_____	_____
_____	_____

Number of copies: _____	Number of copies: _____
To: _____	To: _____
_____	_____
_____	_____

*Note: A Transcript will NOT be furnished to a student whose financial obligations to the University have not been satisfied. Transcripts cannot be released without the student's signature.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETE BY REGISTRAR'S OFFICE:** Request Filled By: \_\_\_\_\_ Date: \_\_\_\_\_