

# TRANSCRIPT REQUEST

Avila University, Office of the Registrar  
11901 Wornall Road, Kansas City, MO 64145

- ◆ Please mail completed form to the above address with payment or fax this form to (816) 501-2452.  
**Please note: If faxing request, transcripts will not be mailed until payment is received.**
- ◆ Official Transcripts cost \$7.00 per copy by check/money order payable to Avila University. No charge for Unofficial Transcripts. Only unofficial transcripts may be faxed to recipient.
- ◆ All hand-carried or mailed to student transcripts are "Issued to the Student" and may not be accepted as "Official", even if bearing the seal of the university. Check with recipient before requesting.
- ◆ Please allow at least one week for processing. We are not able to fill on-the-spot requests.

Current Last name	First	Middle	Social Security No.
Name(s) while attending Avila		Other Former Name(s)	Birth date
Current Address	City	State	Zip
( )			
Telephone Number	Email Address (if not currently enrolled)		
Reason for request (ex: employment, admissions)			
Student Signature			Today's Date

**SEND TRANSCRIPT(S) TO:** (Please write any other addresses on the back of this page.)

(1) _____ _____ _____	(2) _____ _____ _____
Check all that apply: <input type="checkbox"/> Official <input type="checkbox"/> Unofficial <input type="checkbox"/> Hold for Grades (Yr./Term): _____ <input type="checkbox"/> Hold for Degree (Graduation Date): _____ <input type="checkbox"/> Mail now <input type="checkbox"/> Student will pick up/Date needed: _____	Check all that apply: <input type="checkbox"/> Official <input type="checkbox"/> Unofficial <input type="checkbox"/> Hold for Grades (Yr./Term): _____ <input type="checkbox"/> Hold for Degree (Graduation Date): _____ <input type="checkbox"/> Mail now <input type="checkbox"/> Student will pick up/Date needed: _____

Are you currently enrolled at Avila?  Yes  No If no, when did you last attend? Yr./Term \_\_\_\_\_

**Degree(s) earned at Avila:**

Degree \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Degree \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**SSN is not printed on transcript unless required (please check with intended recipient).**  SSN required

OFFICE USE ONLY: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ Amount: \$ _____
RSRO 7/08 Number of Copies: _____ Date Sent _____ Initial: _____