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 $8.00 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 SSN or Avila ID #
__________________________________ ________________ ___________________________ ________________
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)____________________________________________
(3) ____________________________________________       (4)____________________________________________
Sanction of Copies: _____   Date Sent ____________________ Initial: _____

Check all that apply:
____ Official     ____ Unofficial
____ Hold for Grades (Yr./Term): __________________
____ Hold for Degree (Graduation Date): ____________
____ Mail now
____ 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: □ Cash □ Check #: ______________ Amount: $______________
RSRO 7/13 Number of Copies: _____ Date Sent ______________ Initial: _____