

KENYON COLLEGE TRANSCRIPT REQUEST

DATE _____

TRANSCRIPT FEE: \$7.00 each and must accompany this request.

TRANSCRIPT REQUESTS ARE PROCESSED WITHIN ONE TO TWO WORKING DAYS. PLEASE PLAN AHEAD.

LEGAL NAME _____ ID# OR LAST 4 OF S.S. _____

NAME AT KENYON, IF DIFFERENT _____ CLASS YR. _____

BIRTH DATE _____ PHONE # _____ EMAIL _____

**SIGNATURE
REQUIRED**

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), student signature is required for release of transcript.

Print complete address below and # of copies for each address

(#) of transcripts for this address

(#) of transcripts for this address

(#) of transcripts for this address

(#) of transcripts for this address

Indicate choice below:

- ____ Mail as soon as possible
- ____ Express mail (add. charge)
- ____ Attachment included

Release transcript:

- ____ As is
- ____ Hold for current term grades
(KAP Students)

Special Instructions: (Explain)

FOR OFFICE USE ONLY

# of transcripts: _____ Amt. charged: _____	Cash rcvd. _____ Check/money order # _____
Date/Time Sent: _____	Additional Notes: _____