



AUGUSTA
Tel: 207.213.2500
CEDAR FALLS
Tel: 319.277.0220
CEDAR RAPIDS
Tel: 319.363.0481
DAVENPORT
Tel: 563.355.3500

DES MOINES
Tel: 515.727.2100
HAGERSTOWN
Tel: 301.766.3600
LEWISTON
Tel: 207.333.3300
LINCOLN
Tel: 402.474.5315

MASON CITY
Tel: 641.423.2530
OMAHA
Tel: 402.431.6100
ROCKVILLE
Tel: 301.258.3800
SOUTH PORTLAND
Tel: 207.774.6126

Student Transcript Request Form — Campuses

Students must submit all Kaplan University official and unofficial transcript requests in writing. Requests are processed in the order of receipt. All requests should be processed within 7 business days of receipt.

Once this form has been completed and signed, you may fax this form along with your credit card information to the respective school listed below or call the respective school for mailing information.

Augusta Fax: 207-213-2550
Davenport Fax: 563-355-1320
Lewiston Fax: 207-333-3305
Omaha Fax: 800-524-9705

Cedar Falls Fax: 319-268-0978
Des Moines Fax: 515-727-2115
Lincoln Fax: 402-474-4318
South Portland Fax: 207-221-8799

Cedar Rapids Fax: 319-390-0100
Hagerstown/Rockville Fax: 301-739-7188
Mason City Fax: 641-423-7512

Personal Information

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

NAME(S) WHILE ATTENDING SCHOOL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

SHOULD WE UPDATE OUR RECORDS TO REFLECT THIS ADDRESS? YES NO

NAME OF SCHOOL AND/OR DATES OF ATTENDANCE: _____

Unofficial Transcript

PLEASE RELEASE _____ COPIES OF MY UNOFFICIAL TRANSCRIPTS TO EACH OF THE ADDRESSES BELOW.

MY CURRENT ADDRESS LISTED ABOVE

Official Transcript

Official transcripts are only released if the student has met all financial obligations to the University. There is a \$10.00 fee for each copy. An additional fee of \$25.00 is required if rush delivery is requested.

Please attach a check for the total amount required or include your credit card information below.

PLEASE RELEASE _____ COPIES OF MY OFFICIAL TRANSCRIPTS TO EACH OF THE ADDRESSES BELOW.

MY CURRENT ADDRESS LISTED ABOVE

Payment Information:

CHECK/MONEY ORDER VISA MASTERCARD DISCOVER AMERICAN EXPRESS PAID ONLINE

CARD #: _____ EXPIRATION DATE (M/YY): _____

CARDHOLDER'S NAME: _____ TOTAL PAYMENT ENCLOSED \$: _____

CARDHOLDER'S ADDRESS: _____

By signing this form, I authorize Kaplan University to release my transcripts to the parties listed above.

Signature _____ Date _____

*If your name has changed since being enrolled at Kaplan University, you will need to contact us with proper documentation to get your records updated.