



ONLINE REGISTRAR'S OFFICE
 550 West Van Buren, 7th Floor
 Chicago, IL 60607
 Tel: 312.777.6333
 Fax: 800.588.4127 (Toll Free)

Kaplan University Online Student Transcript Request Form

Students must submit all Kaplan University official and unofficial transcript requests in writing. Unofficial transcript requests will be processed within 48 business hours of being received. Official transcript requests must be cleared by Student Accounts first and will be processed within 7 to 10 business days, provided that the student has met all financial obligations to the University.

This PDF form can be filled out online by clicking on each line, typing your response, and hitting "Tab" to go to the next field. Please complete, print, sign, and send this form and any required payments to:

Online Registrar's Office
 550 West Van Buren, 7th Floor
 Chicago, IL 60607

If paying by credit card, you may fax this form to 800.588.4127 (Toll Free).

Please fill out the following information completely:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ PREVIOUS NAME(S)*: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____ HOME PHONE: _____

CURRENT _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

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 \$5.00 fee for each copy. 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 the Registrar's Office at 312-777-6333 with proper documentation to get your records updated.

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