

Academic Record Request

Cleveland Chiropractic College * 10850 Lowell Ave * Overland Park KS 66210 * Fax (913)234-0905

Please complete this form and return to the Academic Records and Support office, or submit by mail or by fax to the address/number above. You may pay by check or money order, or by credit card over the phone by calling the Finance Office at (913)234-0688. Academic Records will not be furnished for any student whose financial obligations to the College have not been met. Please allow 3-5 business days for your request to be processed.

Please fill out one request form for each different address where you would like your academic records sent. PLEASE PRINT CLEARLY all requested information. It is the student's responsibility to provide the correct and complete address.

Student Name (Include any previous last names): _____

Home Address: _____

City/State/Zip: _____

SSN: _____ **Telephone:** _____

Date of Birth: _____ **Dates of Attendance:** _____

Did you graduate? _____ **Graduation/Expected Graduation Date:** _____

Campus of attendance (please circle one) **Kansas City** **Los Angeles**

Send academic records to (include name and complete address):

Academic records should be (please check one): Issued now Held for degree posting Held for current tri grades

Purpose of academic records (please check all that apply):
 Transferring State Licensure Scholarship/Student Loans Graduate School
 Other (please specify academic record purpose): _____

Signature: _____ **Date:** _____
 (Form MUST be signed before academic records can be sent.)

<u>Type of Record Requested</u>	<u>Number of Copies</u>	<u>Cost per Request</u>	<u>Total Amount Due</u>
Official Transcript	_____	No charge	No charge
Unofficial Transcript	_____	No charge	No charge
Official Transcript-emergency 24-hr. turnaround	_____	\$50 + \$15 postage	_____
Certified Diploma Copy (BS)	_____	No charge	No charge
Certified Diploma Copy (DC)	_____	No charge	No charge
Original Duplicate Diploma (BS)	_____	\$25	_____
Original Duplicate Diploma (DC)	_____	\$100	_____
Credential Verifications	_____	\$25	_____
Grand Total Amount Due	_____		

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Office Use Only

Paid \$ _____ **Date:** _____ **By:** **Check** **Money Order** **Credit Card**

Cashier Signature/Printed Name: _____

Records mailed on (Date): _____ **By (Name or Initials):** _____