



OFFICIAL TRANSCRIPT REQUEST

Kettering University

Registrar's Office

1700 West Third Ave., Flint, MI 48504-4898

Fax: (810) 762-9836

Date of Request _____

PRINT Your Name, Address (Include ZIP), and Phone Number

Print name under which you were registered at time of attendance.

Last First Middle

Student ID or Social Security Number

Graduation Date _____

Withdrawal Date _____

RELEASE TRANSCRIPT

___ As is

___ After current term grades are posted

___ After current term degree is posted

Student Signature

DUE TO THE FAMILY RIGHTS AND PRIVACY ACT OF 1974, STUDENT SIGNATURE IS REQUIRED FOR RELEASE OF TRANSCRIPT.

A separate form must be used for each request.

Check one:

___ Mail to personal address above

___ Hold for pickup

___ Mail to address below

___ Number of copies

Third Party (YOU are responsible for this address)

A TRANSCRIPT WILL NOT BE RELEASED IF YOU HAVE AN INDEBTEDNESS TO KETTERING UNIVERSITY.

OFFICE USE ONLY

___ Financial Hold

___ Letter Sent _____

Date Transcript Mailed _____

TRANSCRIPTS ARE FREE

All transcripts given/sent to you will be stamped ISSUED TO STUDENT.

Transcripts sent directly to the institution or agency requiring the transcript will not be stamped in this manner.