



**OFFICE OF THE REGISTRAR**  
 550 West Van Buren, 7th Floor  
 Chicago, IL 60607  
 Tel: 312.777.6333  
 Fax: 800.588.4127  
 Email: RSupport@Kaplan.edu

## College and University Transcript Request Form

**IMPORTANT:**

Official transcripts/education records from the college or university you attended are required for admission to your program of interest. Transcripts/education records are only considered official if received directly from the registrar of the college or university.

Students enrolled in post-baccalaureate, graduate, or law programs must submit an official transcript indicating receipt of a comparable associate's, bachelor's (required for students enrolled in a post-baccalaureate, graduate program, or law program), or master's degree (required for students enrolled in a post-graduate program) from a college or university accredited by a regional or national accrediting agency recognized by the U.S. Department of Education prior to enrollment for law programs or by the last day of the first term for all other programs. If it is not submitted by the last day of the first term, you will be blocked or withdrawn from future classes and your academic credentials will be withheld until such documentation is provided.

**ATTENTION STUDENT**

Please complete the form below granting Kaplan University permission to request your transcripts/education records on your behalf.

1. Complete one form for **each** college or university attended.
2. Please send this form (with payment if applicable) to the Registrar's Office at your **prior** institution.

**Please Type or Print Legibly**

.....

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: \_\_\_\_\_

**Information of Institution Attended or Evaluating Agency**

.....

NAME OF COLLEGE OR UNIVERSITY: \_\_\_\_\_

CAMPUS NAME: \_\_\_\_\_

STREET ADDRESS (OPTIONAL): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF ATTENDANCE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE EARNED (SELECT ONE):  ASSOCIATE  BACHELOR  MASTER  DOCTORATE

MAJOR: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

**Attention Registrar**

Please return a copy of this form with the transcript/education records.\*  
 I hereby request and authorize you to forward my official transcript/education records and this form to Kaplan University. I also authorize Kaplan University to make this request on my behalf, and to make inquiries pertinent to processing and release dates of the transcript/education records.

Please send the transcript/education records to:

**KAPLAN UNIVERSITY**  
**OFFICE OF THE REGISTRAR**  
 550 West Van Buren, 7th Floor  
 Chicago, IL 60607

Student's Signature (e-signature not accepted): \_\_\_\_\_ Date: \_\_\_\_\_

\*Limited to transcripts, GPA, attendance, enrollment status, and/or degree awarded.  
**Attention:** Transcripts/education records will not be accepted as official by Kaplan University for any of the following reasons: 1) stamped with "student copy," "issued to student," "unofficial copy," etc.; 2) received from the student; 3) registrar signature or seal missing; 4) student name incorrect or illegible; 5) illegible transcript.