KUYPER COLLEGE TRANSCRIPT REQUEST FORM

3333 East Beltline N.E., Grand Rapids MI 49525 Academic Office (616) 988-3639 Fax (616) 988-3608

PRINT Name _____
Last First Middle Maiden/Former Name

Current Phone Number ( ) _____ Signature_____

Telephone Requests are not accepted.

Address _____
Street City State Zip

Birth Date _____SS# _____Email Address _____ Years Attended _____

*For each transcript requested to be faxed or mailed, please include payment of **$5.00 U.S. FUNDS (check or cash) or enter your credit card information below. *Note: Transcripts will not be released if the student has a balance on his/her account.***
Business Office Clearance _____

Fill out the section below if paying by credit card *only*.

Name on Card: _____

Billing Address for Credit Card:_____
Address City State Zip

Card Type: ☐ MasterCard ☐ Visa ☐ Discover

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐/☐☐

Security Number: ☐☐☐
(3 digit number on reverse side of card)

INDICATE: Number of copies needed: _____ ☐ Official Transcript Needed ☐ * **Unofficial Transcript Needed**
☐ **MAIL** to address given below *** Transcripts are considered unofficial if opened by the student**.
☐ **PLACE** in student mailbox number _____ ☐ HOLD UNTIL semester grades are posted
☐ **MAIL** ☐ **FAX** ☐ **MAIL & FAX TRANSCRIPT TO:** ☐ HOLD UNTIL degree is posted
Fax# ( )_____ ☐ I will pick up on date: _____

Person/Organization/Office_____ FOR OFFICE USE ONLY

Firm or School _____ Payment Received: $_____

Street _____ Processed ___/___ /___ by _____

City _____State/Province _____ Country _____Zip _____