



# REQUEST FOR TRANSCRIPT FORM

Diploma & MSN only

BSN CURRENT & FORMER STUDENTS GO TO THE ROCKHURST WEBSITE  
<http://www.rockhurst.edu/academics/registrar/transcripts/>

## Research College of Nursing

Office of Student Affairs  
2525 East Meyer Boulevard  
Kansas City, MO 64132  
Fax: (816) 995-2813

**\$7.50 fee for each transcript**

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

(Please print clearly):

Date of Birth	Dates of Enrollment	Degree Received	
Last	First	Middle	Previous/Maiden
Street Address	City	State	Zip
Current Email Address		Phone Number	

### PROCESSING INSTRUCTIONS (Please choose from the following):

- Process now.
- Wait for grades to be posted: Term/Session \_\_\_\_\_
- Wait for my degree to be posted: May August December
- Wait for my grade change or removal of incomplete: Course \_\_\_\_\_
- Special Instructions: \_\_\_\_\_

### RELEASE TRANSCRIPT(s): 2-5 day processing time

- To me – Number of copies: \_\_\_\_\_ (please choose from the following):
  - Pick up (you will be contacted when transcript is ready)
  - Mail to my current address listed above.
- Fax an Unofficial Transcript to: \_\_\_\_\_
 

Contact Person	Fax Number
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I give my permission for my Unofficial Transcript to be faxed by the Office of Student Affairs at Research College of Nursing or the Office of Academic Affairs at Research College of Nursing. I do understand that this is not an official document. Initial: \_\_\_\_\_

- And/or mail to the following completed address(es) below:

Number of copies: \_\_\_\_\_  
 To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of copies: \_\_\_\_\_  
 To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Check Enclosed** (payable to Research College of Nursing)

**Credit Card**    Master Card    Visa    Discover    American Express

Credit Card#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (3 digits): \_\_\_\_\_

Note: A Transcript will NOT be furnished to a student whose financial obligations to the College have not been satisfied. Transcripts cannot be released without the student's signature.

**Student Signature(REQUIRED):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Be Completed By Staff:** Request Filled By: \_\_\_\_\_ Date: \_\_\_\_\_