



Office of the Registrar
989-275-5000, ext. 251

This form can be sent by any
of the following methods: Mail:
4800 W. 4 Mile Rd.
Grayling, MI 49738
Fax: 989-563-5933
Email: registrar@kirtland.edu

REQUEST FOR ACADEMIC TRANSCRIPT

STUDENT INFORMATION:

TRANSCRIPT TO BE MAILED TO:

First/Last name while attending/Name now (if applicable)

Name of Institution

Present Street Address

Institution Street Address and Department

City, State, Zip

City, State, Zip

Phone Number

Email Address

Fax, if applicable (only unofficial transcripts are emailed/faxed)

**Additional addresses to have your transcript
sent may be listed below.**

Student ID or Birth Date

Students, please check all that apply:

Send transcript now _____

Hold for _____ grades to be posted
Semester (F, W, S)

Hold for degree/certificate to be posted

Check for MTA Stamp

PLEASE NOTE: Students who do not know their Kirtland ID number must include their date of birth and phone number. Transcripts that are sent to students will be unofficial unless it is for employment or a scholarship; that reason must be stated on this form. Requests from students who have financial obligations to Kirtland must satisfy that debt before a transcript will be sent. Transcripts are processed within five business days from the date this form is received in the Registrar's Office. Incomplete forms may be delayed. It is the student's responsibility to contact our office be sure we have received this request form.
Rev. 4/19

Additional name(s) and address(es):

Registrar's Office use only:

Processed by: _____ Date: _____