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

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

REQUEST FOR ACADEMIC TRANSCRIPT

STUDENT INFORMATION:

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

Present Street Address

City, State, Zip

Phone Number Email Address

Student ID or Birth Date

Student Signature (required by Federal Law)

TRANSCRIPT TO BE MAILED TO:

Name of Institution

Institution Street Address and Department

City, State, Zip

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

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

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: Official transcripts are not faxed or emailed. 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. 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. 9/25

Additional name(s) and address(es):

Registrar's Office use only:

Processed by:_____ Date: _____