

# REQUEST FOR TRANSCRIPT

Pikeville College  
147 Sycamore Street  
Pikeville, KY 41501

Processing of your request will begin after clearance in the BUSINESS OFFICE. All transcript requests will be honored as quickly as possible, but you should expect slow response during registration periods. If special circumstances require immediate service, please inform the Registrar in person.

TODAY'S DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CURRENTLY ENROLLED: Yes \_\_\_\_\_ No \_\_\_\_\_ IF NO, LAST ATTENDED \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
First Middle Maiden Last

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ ID# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street/P.O. Box

City

State

Zip

\_\_\_\_\_  
Signature of Student

- I will pick up transcript on \_\_\_\_\_
- Transcript to be mailed (Complete Section Below)
- Transcript to be mailed with grades for current semester
- Transcript to be faxed to \_\_\_\_\_

# OF COPIES REQUESTED \_\_\_\_\_

TRANSCRIPT(S) SHOULD BE MAILED TO THE FOLLOWING ADDRESS(ES):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR OFFICE USE ONLY

\_\_\_\_\_  
Date Request Received

By

\_\_\_\_\_  
Date Mailed/Faxed/Picked-Up

By

\_\_\_\_\_  
Business Office Approval

By