Records Request Form

Please PRINT clearly and fill out form completely

Name: _____
First Middle Last

Other name used on your records while attending college (Former)Name: _____

Student ID: _____ Date of Birth:_____ Phone Number:_____

Are you currently enrolled? Yes____ No____ If no, last year attended:_____

Record being requested: - check all that apply:

- ☐ Unofficial Gateway Transcript *****
- ☐ Unofficial College Transcript (specify the college): _____
- ☐ Unofficial High School Transcript
- ☐ Unofficial GED
- ☐ Unofficial other records from your student file

Copies will be $0.10 (10 cents) per page and will be processed on Demand (Monday – Friday 8:30 a.m. – 4 p.m. ONLY). Payment is expected at the time of service.

*****Transcript requests are withheld for any student who owes any KCTCS college money or property.

In accordance with Federal Law and KRS 164.283 records cannot be released without the written consent of the student.

I authorize the release of the above mentioned records.

Signature:_____ Date:_____

For Office Use:

Entered By:_____

Date:_____

This form must be signed and returned to Registrar's Office

Updated 06/2019