

NON-DEGREE COURSE TRANSCRIPT REQUEST FORM



FOR NON-ACADEMIC/NON-DEGREE COURSES ONLY

INSTRUCTIONS

DO YOU NEED A TRANSCRIPT FOR UNDERGRADUATE and/or GRADUATE CLASSES? GO TO REGISTRAR.KENNESAW.EDU

REGISTRATION SERVICES • 3333 BUSBEE DRIVE, MD 3301 • KENNESAW, GA 30144
Phone: 470-578-6765 • Fax: 470-578-9085
Office Hours: M-Th 8am-8pm; F 8:00am-4:30pm

Step 1 . . . Print the form and complete all the information in the spaces below.
 Step 2 . . . Sign and fax to the number listed above or save in .pdf format and email to: cerecords@kennesaw.edu. (Must bear original signatures.)
Failure to complete this form in its entirety may result in a delay in the issuance of your transcript
Please note: This form is for student use only. Registration Services **will not** accept requests by telephone. We will no longer deliver transcripts via email. Federal law mandates that we have the request in writing and signed by the student before releasing a transcript. **IF YOU ARE CURRENTLY ENROLLED IN A CLASS AND WANT THAT CLASS INCLUDED IN THIS TRANSCRIPT, PLEASE SUBMIT YOUR REQUEST AFTER THE CLASS HAS ENDED.**

CE Students: You may obtain a copy your transcript at ccpe.kennesaw.edu by creating a new account or signing in to your existing account. Go to "My Account" to view your transcript.

Date: _____ Student ID: _____

Last Name: _____ Former/Maiden Last Name: _____

First Name: _____ Middle Name/ Initial: _____

Phone Number: _____ Email Address: _____

Current Address: _____

City, State, Zip Code: _____

SIGNATURE (Required): _____

(Due to the Family Rights and Privacy Act (FERPA) of 1974, your signature is required for the release of a transcript. **Without the student's signature, the transcript will not be processed.**)

Dates of Attendance: _____ **Program Area:** _____

DELIVERY OPTIONS

- A. I prefer to **pick up** my transcript at the Registration Office of the College of Continuing and Professional Education.
- B. I prefer to have my transcript: **Mailed** to me.
- C. **Mail** or **Fax** transcript to a **third party**: (A separate form must be completed for each requested fax/mailling)

Internal Use Only

Processed by: _____ Comments: _____ Date: _____

REVISED: 23Mar2016