



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: cerrecords@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 can not accept requests by telephone. We can not 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.**

CCPE Students: You may obtain a copy of your transcript at ccpe.kennesaw.edu by signing in to your existing account.

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

Transcripts can not be emailed due to security and privacy issues.

- 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** or **Faxed** to me. Fax number: (____) _____ - _____
- C. **Mail** or **Fax** transcript to a **third party**: *(A separate form must be completed for each requested fax/ mailing)*

Internal Use Only

Processed by: _____ Comments: _____ Date: _____