

Kettering University

Transcript Request Form

Office of the Registrar

PH 810-762-7476

FX 810-762-9836

registrar@kettering.edu

Mail signed form to: Registrar's Office, 1700 University Ave., Flint, MI 48504-6214 or Fax signed form to: (810) 762-9836 or Email signed form to registrar@kettering.edu.

Name Basem Ahmed Alkhozaie ID# _____ or SS# XXX-XX-____

Daytime Phone 614 - 254 - 2601 Graduation Year 2015 Withdrawal Year _____

Name under which you were registered at time of attendance. Alkhozaie Basem
Last First

Official Transcript

☐ Undergraduate ☒ Graduate

Release ☒ As is

Transcript: ☐ After current term grades are posted
☐ After current term degree is posted

☐ Hold for pickup Number of copies _____

☒ Mail to address: Number of copies _____

Name _____

Company _____

Address 4161 Green Meadows Blvd Apt#212

City Ypsilanti State MI ZIP 48197

A separate form must be used for each addressee.

Unofficial Transcript

☐ Undergraduate ☐ Graduate

☐ E-mail address: _____

☐ Fax to attention: _____

Fax number: _____

☐ Hold for pickup Number of copies _____

☐ Mail to address: Number of copies _____

Name _____

Company _____

Address _____

City _____ State _____ ZIP _____

A separate form must be used for each addressee.

All official transcripts given/sent to the student will be stamped **ISSUED TO STUDENT**. Transcripts sent directly to the institution or agency requiring the transcript will not be stamped in this manner.

Please allow 2-3 business days for processing from the time the request is received.

Student Signature  Date _____

DUE TO THE FAMILY RIGHTS AND PRIVACY ACT OF 1974, STUDENT SIGNATURE IS REQUIRED FOR RELEASE OF TRANSCRIPT.

Financial Hold _____ OFFICE USE ONLY
Notice Sent _____
Processed _____
E-mailed _____ Faxed _____ Mailed _____

A TRANSCRIPT WILL NOT BE RELEASED IF
THE STUDENT HAS INDEBTEDNESS TO
KETTERING UNIVERSITY.

TRANSCRIPTS ARE FREE

IA Transcript Request Form Revised: 26 March 2014