

Independent Study **TRANSCRIPT REQUEST**

Note: You will need to print this pdf file on your local printer and then mail it to:

**University of Kentucky
Transcript Request
Independent Study
10 Funkhouser Building
Lexington, KY 40506-0054**

Effective August 28, 2004 the fee is \$5.00 per transcript. Payment may be paid by check, cash or money order. Please make checks payable to the University of Kentucky.

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

Student's Signature: _____

Date _____ SS # / Student ID # _____

Name and Address	_____																																																																																																	
	Last	First	Middle																																																																																															

	Street																																																																																																	

City																																	State																																	Zip Code																																

Former Last Name																																	Phone #																																																																	

Academic Unit: Undergraduate Graduate Law Pharmacy

Did you attend UK prior to Fall 1988? Yes No

Are you currently enrolled? Yes No

Dates of attendance: _____ to _____

Mail to: