



Official Transcript Request Form

This transcript request form is specifically for College for Professional Studies, Kaplan Continuing Education, Delta Career Institute, JPS Institute, and Hickok Technical Institute (including their former names). If you attended a different institution listed on the closed college website, you must go to www.kaplan.com/closedcolleges/ to place your order online.

Student Information			
(Please print legibly)			
_____	_____	_____	_____
First Name	Middle Name	Last Name	Maiden Name
_____	_____	_____	
Student ID Number <i>(if available)</i>	SSN	Date of Birth	

Name of Campus Attended: _____ Email Address: _____

Please send **ONE** official transcript of my academic records to the following:

School or Organization	Name or Department
Address (1):	
Address (2):	City:
Zip:	State:

Please fax a **copy*** of the transcript of my academic records to the following number:

I hereby authorize the release of my transcript as defined above

Signature

Date

Please email the completed form to closedcollegeinformation@kaplan.edu or fax to 1-800-882-9519.

Kaplan Higher Education
 Attn: Closed College Records
 900 North Point Pkwy, Suite 250
 Alpharetta, GA 30005
www.kaplan.com/closedcolleges

**Please note that the term "Official Transcript" generally refers to a transcript mailed in a sealed envelope direction from the education institution to the requested recipient. Thus, a faxed copy of a transcript may not suffice for all transcript request needs.*