



REQUEST FOR RELEASE OF ACADEMIC RECORD

Name (please print)

Name at time of enrollment (if different)

Phone Number

Address, City, State, Zip

Check for: _____ Entire Academic Record (*includes all the information listed below*)

Or check all that apply: _____ Enrollment Status/Dates _____ GPA/Ranking
_____ Program/Degree/Curriculum _____ Faculty Evaluations _____ Disciplinary Action
_____ Date Degree was conferred _____ Grades _____ Honors or Awards
_____ Other _____

Mail/Email to:

_____ Address/Email Address as follows: _____
(Please print)

_____ Will pick up in Registrar's Office

Last date of attendance: _____ (mark "current" if presently enrolled)

Signature of Student/Date (***Physical Signature is Mandatory**)

Return form to the Registrar's Office: michelle.hatcher@spst.edu

Mail request to: Registrar's Office
Saint Paul School of Theology
13720 Roe Ave, Building C.
Leawood, KS 66224
(913) 253-5050

For Office Use Only:

Date Request Received: _____

Date Returned: _____