



REQUEST FOR RELEASE OF ACADEMIC RECORD

Information must be typed directly on the form except for signature.

(HANDWRITTEN FORMS WILL NOT BE ACCEPTED)

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: _____