



Academics Records Request Form

Kansas City University of Medicine and Biosciences
 Registrar's Office
 1750 Independence Avenue
 Kansas City, MO 64106-1453
 Phone: 816-654-7190 Fax: 816-654-7191

Name: _____ S.S.# (last 4 digits): _____
 Graduation year or Last Date of Attendance: _____ E-mail: _____
 Street: _____ Birth Date: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

	Official Transcript - \$5.00 each. No transcript will be issued for a student whose financial obligations to the University have not been satisfied.
	Unofficial Transcript – An unofficial transcript does not bear the University seal, is red ink stamped and is free of charge. <i>Note: Active students can view and/or print their unofficial transcript at their convenience through PowerCAMPUS Self-Service</i>
	NBOME COMLEX Scores - Part I
	NBOME COMLEX Scores- Part 2
	USMLE Scores- Part 1
	USMLE Scores - Part 2
	Recommendation Letters – only applicable to Senior students and Graduates apply for internships and residency programs.
	Verification of Enrollment Letter
	MSPE/ Dean Letter
	Entire academic record contents - \$20 fee

Release to the KCUMB Office of Community Clinical Education? [] Yes [] No

Mail to the following location(s):

Student Signature: _____

Note: Complete and sign this form and send to the Registrar's Office. Payment of \$5.00 for each official transcript MUST accompany request. Check, money order or cash.

Contact Information:

For Registrar Questions:

Dorothy Phelps 816-654-7194
 Connie Weekley 816-654-7195
 Cheryl Williams 816-654-7193
 Heidi Terry, Registrar 816-654-7152

For MSPE / Dean's Letter Questions:

Allison Moore 816-654-7204
 Cheryl Williams 816-654-7193

Office Use Only:

Date Received:	Date Processed:	Check #:	Check Amt:	Cash Amt:
Date to Dean's Office:	Date Processed:	Check #:	Check Amt:	Cash Amt: