



OFFICE OF THE REGISTRAR
711 KNOX ROAD | EAST AURORA NY 14052-0607
(716) 655 7081 | F (716) 652 8903 | **CKS.EDU**

TRANSCRIPT REQUEST FORM

Instructions: This is an editable PDF. Please fill in the fields, save the document to your computer, and then either print and mail to Christ the King Seminary, 711 Knox Road, East Aurora, NY 14052 or email to AcademicOffice@cks.edu. There is a \$5 fee per transcript mailing request. Checks can be made out to Christ the King Seminary.

Last Name First Name M.I.

Street Address City/State/Zip

E-mail Address

Home Phone Work Phone Cell Phone

Social Security # Dates of Attendance

Degree Earned? Yes No If yes, please select: MDiv MAT MAPM

Send transcript to the following person/people (please include person's full name and mailing address):

1. _____ 2. _____

I authorize the release of my transcript to the above-mentioned person(s)/institutions.

Student Signature Date

OFFICE USE ONLY

Treasurer's Office: _____ Computer entry: _____ Date Received: _____