



**Marshall B.
KETCHUM UNIVERSITY**

Transcript Request Form for Alumni

Contact: Lisa Cassidy, Registrar
Student Affairs Office
Phone: 714-992-7803

Email – lcassidy@ketchum.edu

by Fax: 714-992-7878

Requests can be forwarded by email, fax, or mailed in with a *check made payable to MBKU*:

Marshall B. Ketchum University
ATTN: Office of Student Affairs
2575 Yorba Linda Blvd.
Fullerton, CA 92831

Fee: \$20 per copy

Please send **COPY (ies)**

Name: _____ DOB: _____ Grad Year: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

If you would like MBKU to send your official transcripts to an address other than above; Please provide additional information. *Requestor assumes full responsibility for furnishing the complete and current address.* (State Board of Optometry, a business address, etc.)

If you are paying by credit card; please complete this section:

Visa / Master Card / Discover / American Express:

CC# _____ **Exp Date:** _____ **CVV:** _____

Print Name

Signature

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing and delivered to MBKU, but that any such revocation shall not affect disclosures previously made by MBKU prior to the receipt of any written revocation.

Signature

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