

OFFICIAL TRANSCRIPT REQUEST FORM

Instructions – please read carefully before proceeding

- All requests for official transcripts must be made with this form. The requests can be made in person at the Registrar's Office or by sending this request form via e-mail.
- Payment for each request must be made before a transcript will be issued.
- For current students, no transcript will be released until all the outstanding obligations to Kansai Gaidai are met, including the receipt of the fees for transcript requests.

Student Information	JII					
Student ID # (if known)			Date of birth (mm/dd/yyyy)			
Name Last First Middle						
Last				і арріісавіе)	_	
Home Instituti	on					
Dates of attend	ance in the Asian	Studies Program at Ka	nsai Gaidai: from _	(year & semester) to	(year & semester)	
Delivery Method a	nd Fees					
1. Number of co	pies: 500 yen x	copy(s) = (a)	yen			
	via e-mail (via express	mail (DHL) 2,500 yen -up transcripts on cam	pus(KGU)	address(es) = (b) _te) mm/dd/yyyy	yen	
Postal Mailing A	☐ Credit Card (Visa/ MasterCard) *Information will be sent to you via e-mail upon receipt of this form. Postal Mailing Address / E-mail Address					
E-mail At	tention:		E-mail Address:			
Regular M	ail / Express ma					
[Address1]		il (P. O. Boxes are not ac				
	N/A Mr. Ms.	Dr. ()	[Address2]	N/A Mr. Ms.	Dr. ()	
Name:	•		[Address2] Name:		Dr. ()	
Name: Number & Street:	•		[Address2] Name: Number & Street:		Dr. ()	
Name: Number & Street: City:	•		Cocepted for DHL.) [Address2] Name: Number & Street: City:		Dr. ()	
Name: Number & Street: City: State:	•		[Address2] Name: Number & Street: City: State:		Dr. ()	
Name: Number & Street: City: State: Zip code:	•		Cocepted for DHL.) [Address2] Name: Number & Street: City: State: Zip code:		Dr. ()	
Name: Number & Street: City: State: Zip code: Country:	•		Cocepted for DHL.) [Address2] Name: Number & Street: City: State: Zip code: Country:		Dr. ()	
Name: Number & Street: City: State: Zip code:	•		Cocepted for DHL.) [Address2] Name: Number & Street: City: State: Zip code:		Dr. () Express mail (2,500 yen)	
Name: Number & Street: City: State: Zip code: Country: Telephone:	N/A Mr. Ms.	Dr. ()	Cocepted for DHL.) [Address2] Name: Number & Street: City: State: Zip code: Country: Telephone:	N/A Mr. Ms.		