



KENYA METHODIST UNIVERSITY

P.O Box 267- 60200 – Meru, Kenya,
E-mail: academic.registrar@kemu.ac.ke

Tel: +254-064-30301-31229, +254(0) 724256162
Website: www.kemu.ac.ke

CERTIFICATE AND ACADEMIC TRANSCRIPT RELEASE FORM

(To be filled in duplicate – one for student's personal file, one for student that will be used to release the certificate)

1. STUDENT'S DETAILS (TO BE FILLED BY THE GRADUATE)

Reg. No.: _____ Name: _____

ID. No.: _____ Postal Address: _____

Tel. No.: _____ Email Address: _____

Programme (e.g. BEd) _____ Classification (e.g. 2nd Upper) _____

Year of Graduation: _____

2. REGISTRAR, ADMINISTRATION, PLANNING AND DEVELOPMENT

Academic Attire returned? YES ☐ NO ☐ NOT PICKED ☐

Amount payable for Penalties/damages/loss:

Name Signature & Date (Stamp)

3. CERTIFICATION OFFICE

Penalty for Picking Certificate & Transcript after Deadline: Months..... Amount payable.....

Name Signature & Date (Stamp)

4. STUDENTS FINANCE OFFICE

Confirmed that Fees has been Cleared? YES ☐ NO ☐

Name Signature & Date (Stamp)

5. ISSUANCE OF CERTIFICATE AND ACADEMIC TRANSCRIPTS

a. I have collected my certificate YES ☐ NO ☐

b. I have collected my academic transcripts YES ☐ NO ☐

If not collected, my certificate / transcript need correction (state correction required and provide evidence where applicable):

I certify that the above information is true to the best of my knowledge

Student's signature: _____ Date _____

c. **Collector's details** (if different from the student – attach letter of authorization and copies of ID – Graduate's and Collector's)

Name: _____ Relationship to student: _____

National ID: _____ P.O Box: _____

Telephone: _____ Signature: _____

d. FOR OFFICIAL USE

Certificate serial number: _____

Name of Issuing Officer Signature & Date (Stamp)