HIGH SCHOOL/COLLEGE TRANSCRIPT REQUEST

TO: _____

_____

_____

_____ _____ _____

City State Zip code

(Please print – do not abbreviate)

PLEASE MAIL AN OFFICIAL COPY OF MY TRANSCRIPT TO:

Kankakee Community College
Admissions and Registration
100 College Drive
Kankakee, IL 60901

Social Security number: ☐☐☐☐☐☐☐☐☐☐☐

Name: _____ _____ _____

Last First Middle (Full)

Maiden/previous name(s): _____

Street: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

( )

Attended from: _____ to _____ Graduation date: _____

Month/year Month/year Month/year

I agree to pay the fee charged to send my transcript, if applicable.

_____ _____

Student's signature authorizing release Date mm/dd/yy