

TRANSCRIPT REQUEST

Kankakee Community College
100 College Drive, Kankakee, IL 60901 • (815) 802-8527

Financial obligations and transcript fee must be paid. Use a separate request for each organization or individual.

Transcript fee (check one):

- \$3 - Standard mail, sent within seven business days
- \$5 - Standard mail, sent the next business day
- \$5 - Same day service, in-person requests only

Social Security number or ID number: _____

Student's signature: **X** _____

Name: _____
Last First Middle

Present address

City State ZIP Code

Date requested: _____ Date of birth: _____

Previous name(s): _____

Phone: _____

Last semester enrolled: _____

CHECK ONE:

- Send now
- Hold for final grades of _____
(Specify semester/term)
- Hold until **degree/certificate** is recorded.

Please mail _____ copies of my transcript to the address indicated below.

OFFICE USE ONLY

Obligations:

Cleared—Date: _____ By: _____

No. of transcripts issued: _____

Fees: _____ Date: _____

By: _____ Receipt no.: _____

Transcript sent

Date: _____ By: _____

MAILING
LABEL
PLEASE
PRINT

Organization or individual

Address

City

State

ZIP code

WHITE: RECEIVER • CANARY: RECORDS