

# Transcript Request

- ➔ To be completed by student only
- ➔ \$5.00 per Transcript
- ➔ \$20.00 Overnight UPS
- ➔ Payment required prior to processing

Admissions Use Only	
Initials _____	
Date _____	

Office of Admissions  
 Kaskaskia College  
 27210 College Rd  
 Centralia IL 62801  
 (618) 545-3000  
 Fax (618) 532-1990



[www.kaskaskia.edu](http://www.kaskaskia.edu)

If Known  
 KC \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Student ID# : \_\_\_\_\_

**PLEASE PRINT**

Full Name \_\_\_\_\_  
 Last First Middle

Birth/Other names used while attending college \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_  
 Street Apt # &/or PO Box (if applicable)  
 City State Zip Daytime Phone (in case of questions) \_\_\_\_\_

Student Signature \_\_\_\_\_ Today's Date \_\_\_\_\_  
*SIGNATURE REQUIRED*

I authorize release of my transcript as directed. I understand that my request(s) can be withheld due to financial obligations with Kaskaskia College.

Did you attend KC before Summer 1978?  Yes  No  
 Are you currently attending KC?  Yes  No

**Please Release Transcript:**  
 Upon Receipt of Request  
 After Posting Summer Grades  
 After Posting Fall Grades  
 After Posting Spring Grades  
 After Posting of Degree/Cert

**To pick up transcripts other than your own, we must have:**  
 \* a signed note from the student giving authorization.  
 \* this note must name the individual who will be picking up the transcript.

Please Indicate  Official  Unofficial  
 \_\_\_\_\_  
 Attn \_\_\_\_\_  
 School/Business \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, St Zip \_\_\_\_\_ No. of copies \_\_\_\_\_

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 City, St Zip \_\_\_\_\_ No. of copies \_\_\_\_\_

**Note:** Most institutions usually require official transcripts be sent directly from Kaskaskia College