Transcript Request

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

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

If Known
KC
Student ID# : ________________ Social Security #: ________________ Date of Birth: ____________

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
S I G N A T U R E R E Q U I R E D
Today's Date __________________

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

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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School/Business__________________________
Mailing Address
City, St Zip__________________________No. of copies________

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