

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

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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Please Indicate Official Unofficial

Attn _____

School/Business _____

Mailing Address _____

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Attn _____

School/Business _____

Mailing Address _____

City, St Zip _____ No. of copies _____

Note: Most institutions usually require official transcripts be sent directly from Kaskaskia College
 Please allow a minimum of 3-5 business days for transcripts to be processed.