

HIGH SCHOOL/COLLEGE TRANSCRIPT REQUEST

TO: _____

(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