

Kishwaukee College

Transcript Request
Admissions and Records
21193 Malta Road
Malta, IL 60150
Fax: (815) 825-2306
(Please type or print legibly)

Student Information:

Social Security / Student ID Number _____

Student's Name: _____

Last

First

Middle

Former

Birth Date _____

Note: Any name changes must have a copy of Photo ID showing current name provided with request or transcript will be sent with current name on file

Current Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Release transcripts to:

Name of facility: **Kishwaukee College Foundation**

Email: **webapp@kishwaukeecollege.edu**

Street Address: **21193 Malta Road, Malta, IL 60150**

How Many Copies? **1**

STUDENT SIGNATURE _____

The college will not forward an academic transcript if financial requirements (tuition, library fines, athletic equipment etc.) have not been resolved to the satisfaction of Kishwaukee College. Transcripts will be released in electronic, fax or print format to the Kishwaukee College Foundation and used by scholarship determination committees. Upon signature of this form, transcript will be immediately submitted to the Foundation.

Office Use Only

Date Processed: _____ Initials _____