

Kilian Community College Official Transcript Request

Instructions to Students:

Please complete this form to request an official transcript of your grades.

Student's Full Name: _____
Print

Former Name(s): _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____
Street City State Zip

Phone number _____

Dates of attendance: _____

REGISTRAR, please send a transcript of my grades to: (complete address required)

Purpose of request:

NOTICE TO STUDENT: A transcript cannot be sent if you have an outstanding balance with the business office.

Student's Signature: _____ Date: _____

Required

Transcript Fee: \$5.00 Cash: _____ Check: _____ Staff _____

