

# Kishwaukee College Transcript Request Form

Fax: (815) 825-2306

Email: [onestop@kish.edu](mailto:onestop@kish.edu)

Mail: Kishwaukee College  
Student Services  
21193 Malta Rd  
Malta, IL 60150

**\$8.00 CHARGE PER COPY REQUESTED**

All financial & academic obligations to Kishwaukee College must be satisfied before transcripts will be processed.

Please Type or Print Legibly

Student ID/ Last 4 of Social Security \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle Former

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

Update address

Current Mailing Address \_\_\_\_\_

City/ State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

REQUIRED STUDENT SIGNATURE\* \_\_\_\_\_ DATE \_\_\_\_\_

ELECTRONIC SIGNATURES ARE NOT ACCEPTED

HAND CARRY \$8.00 CHARGE PER COPY REQUESTED- INFORMATION BELOW NOT REQUIRED

**SEND OFFICAL TRANSCRIPT \$8.00 charge per copy requested**

CHECK ONE:  Send transcript now

Send transcript **after grades** for semester  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Send transcript **after degree** for semester  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Send transcript to: \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

How many copies \_\_\_\_\_

Office Use Only \$8.00 per copy

Date Paid \_\_\_\_\_ Initials \_\_\_\_\_

Comments: \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_