

# 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Initial: \_\_\_\_\_

