

# Official Transcript Request

## Instructions to Students:

Please complete this form to request an official transcript of grades be sent to Kilian Community College. You may send this request directly to the previous school.

Name of Post-Secondary Institution: \_\_\_\_\_

Address of Post-Secondary Institution: \_\_\_\_\_

\_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Student's Current Address: \_\_\_\_\_

\_\_\_\_\_

## TO THE POST-SECONDARY INSTITUTION:

Please send one (1) copy of my official transcript to :

Admissions Office  
Kilian Community College  
300 E 6th Street  
Sioux Falls, SD 57103

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kilian**CommunityCollege

