

REQUEST FOR TRANSCRIPT

PLEASE PRINT LEGAL NAME:

First Name _____ M.I. _____ Last/Maiden Name _____

KCHS ID # (if known) _____ Date of Birth: _____

Year graduated OR last attended KCHS _____

Please Check Appropriate Box(es)

_____ **OFFICIAL** Transcript (**MUST BE MAILED** to University/facility)

_____ Personal copy (unofficial – has date of graduation only, no rank or GPA)

_____ call to pick up

_____ mail to me Address: _____

City/State/Zip _____

SEND **OFFICIAL** TRANSCRIPT to: (MUST complete all blanks)

University/Facility Name: _____

Attn: (specific dept. or person) _____

Address _____
(if for Admissions, look for the ADMISSIONS ADDRESS, not physical campus address)

City/State/Zip _____

Signature (student or parent) _____

Contact Phone Number(s) _____

Request received by the registrar's office on _____

FEE -- \$2.00 Date payment received _____

Date mailed: _____
(for office use only)

