

TRANSCRIPT REQUEST FORM

KALAMAZOO COLLEGE

OFFICE OF THE REGISTRAR 269-337-7204

NAME _____
 (LAST) (MAIDEN NAME, IF APPLICABLE) (FIRST) (M.I.)

ID# _____ PHONE # _____

CURRENT ADDRESS _____

CITY _____ ST _____ ZIP _____

CURRENT STUDENT OR LAST YEAR OF ATTENDANCE: _____

SIGNATURE _____ DATE _____

IS THIS TRANSCRIPT FOR: K-COLLEGE SCHOLARSHIP
 INTERNSHIP
 OTHER

Regulations:

- A fee of \$3.00 is charged for each *official* transcript.
- Requests for official transcripts must have a student's *original* signature (no faxed or electronic signatures).
- Transcripts will not be released if you have a delinquent financial obligation to the college.
- Transcripts typically take 1-2 business days to process.

<i>Type</i>	<i>Mail to:</i>	<i>Mailing Options</i>	<i>Special Instructions</i>
# of copies: _____ <input type="checkbox"/> Official <input type="checkbox"/> Unofficial	Recipient Name: _____ Address: _____ City: _____ State _____ Zip _____ Phone # (Required on Over-night delivery) _____	<input type="checkbox"/> Pick up at Registrar's Office <input type="checkbox"/> 1 st Class Mail <input type="checkbox"/> Overnight (\$15.00-ph.# required) <input type="checkbox"/> Rush/Same Day Service (\$25.00) <i>(Must be received by noon - recipient phone # required)</i>	<input type="checkbox"/> Hold for grades <input type="checkbox"/> Hold for degree <input type="checkbox"/> Include attached papers <input type="checkbox"/> Other: _____
# of copies: _____ <input type="checkbox"/> Official <input type="checkbox"/> Unofficial	Recipient Name: _____ Address: _____ City: _____ State _____ Zip _____ Phone # (Required on Over-night delivery) _____	<input type="checkbox"/> Pick up at Registrar's Office <input type="checkbox"/> 1 st Class Mail <input type="checkbox"/> Overnight (\$15.00-ph.# required) <input type="checkbox"/> Rush/Same Day Service (\$25.00) <i>(Must be received by noon - recipient phone # required)</i>	<input type="checkbox"/> Hold for grades <input type="checkbox"/> Hold for degree <input type="checkbox"/> Include attached papers <input type="checkbox"/> Other: _____
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For office use only

Amount Paid: _____ Check # _____ Cash

Date Received: _____