



FAX COMPLETED FORM TO: 312/752.2543

Kendall College
Office of the Registrar
Transcript Request Form

1. Requests must be made in writing by the student and must include the name under which the student was registered.
2. Financial obligations to the college must be satisfied before an official transcript may be issued.
3. Official transcripts are \$7.00 per copy. Payment may be by cash, check, or credit card.

Name	Maiden/Prior
Date of Birth	SSN/ID #
Address	Phone
Dates Attended (if before 1995)	Degree Earned

Email address: _____

Student Signature: _____

Check One: Pick-up Mail now Mail after final grades are posted

Mail Transcripts to:

College/Other: _____	# of copies to this address
Department: _____	
Address: _____	

College/Other: _____	# of copies to this address
Department: _____	
Address: _____	

Credit Card Number: _____

Expiration Date: _____

Security Code (4 digit for AMEX; 3 digit for VISA/MC/DISCOVER): _____

Billing Address: _____

Street: _____

City, State, Zip: _____

Signature: _____

Date: _____

Approved/Fee Paid
 Denied: Balance Due _____ Initials

Date Sent _____ Initials _____