



Kendall College

Office of the Registrar

Request for Information Form

Please submit this form to the Registrar's Office 900 N. North Branch, Chicago IL 60622; fax to 312.752.2543; or e-mail to registrars@kendall.edu.

Name: _____ Student #: _____

Terms to be verified: Winter Spring Summer Fall Year: _____

Information you are requesting:

- Enrollment Verification
- Unofficial Transcript
- Grades
- Other _____

Delivery Method:

- Student pick up
- Mail/Fax to: _____

I give consent to Kendall College to release any items checked above as part of the Enrollment Verification request.

Signature: _____ Date: _____

For Office Use Only:	
Processed by: _____	Date: _____