

Request for Transcript



Mail form to:

Transcripts, Kettering College, 3737 Southern Blvd., Kettering, OH 45429

Questions: Call 937-395-6615

Date _____

Currently attending Kettering College? Yes No If not, when did you last attend (semester, year) _____

Notes:

- There is a minimum preparation period of one week on transcript requests.
- Transcripts may not be released until all outstanding Kettering College financial obligations have been cleared.
- Transcript fee is \$5 per copy; please enclose check for the appropriate amount.

Name (first, middle, maiden, last; please print)

Street address

City, State, ZIP

Student Signature

Contact phone number

KC ID # (for records prior to 2001, provide Social Security number)

Email address

Options:

- Mail transcript now.
- Mail transcript at end of current semester.
- I will pick up the transcript(s). (Office will notify when transcripts ready)

Special instructions: _____

_____ Number of copies to be sent to address above

Additional addresses for transcript to be sent:

_____	_____
_____	_____
_____	_____
_____	_____

OFFICE USE ONLY

\$ _____ Previous balance-Dr/Cr

\$ _____ Amount paid

\$ _____ This request

_____ Rec. #

\$ _____ Current balance-Dr/Cr

_____ Date mailed or ready for pickup