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: Special instructions: ____________________________
☐ Mail transcript now.
☐ Mail transcript at end of current semester.
☐ I will pick up the transcript(s). (Office will notify when transcripts ready)

Additional addresses for transcript to be sent:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

OFFICE USE ONLY

$ ___________ Previous balance-Dr/Cr $ ___________ Amount paid

$ ___________ This request

$ ___________ Current balance-Dr/Cr

$ ___________ Rec. #

$ ___________ Date mailed or ready for pickup

Shared Drive, KCMA, Faculty Staff Public, Forms from the Registrar’s Office, 2016 Forms, Reviewed 01/16