

Kishwaukee College is pleased to offer electronic transcript delivery. In partnership with SCRIP-SAFE® International, we will provide official transcripts delivered through eSCRIP-SAFE® to network recipients. Before completing your transcript request, please review the network recipients list <http://www.scrip-safe.com/products/electronic-transcripts/network-members.aspx> to see if your intended recipient is a member of the network. If the recipient is in the network, your transcript will be delivered through eSCRIP-SAFE® unless you request that it not be sent electronically. [The recipient list is updated each Monday].

Please fill out the following form below.

Kishwaukee College Transcript Request

\$5.00 CHARGE PER COPY REQUESTED



Admissions and Records
21193 Malta Road
Malta, IL 60150
Fax: (815) 825-2306

Kishwaukee College sends transcripts electronically to schools in the network through eSCRIP-SAFE. To see a list of participating schools, view the [eSCRIP-SAFE network membership list](#). Mailed transcripts are issued as official documents in sealed envelopes. However, this does not guarantee that another college, university, or employer will accept hand-carried transcripts as an official document. Many institutions insist that a transcript be mailed by the issuing college directly to the receiving institution in order for the transcript to be treated as an official document.

Please Type or Print Legibly

Social Security or Student ID _____ Birth Date _____

Student's Name: _____
Last First Middle Former

Note: Any name changes must have a copy of Photo ID showing current name provided with request or transcript will be sent with current name on file

REQUIRED STUDENT SIGNATURE _____ Date _____

Current Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Check One: Send transcript now Send transcript after grades semester Fall _____ Spring _____ Summer _____

Send transcript after degree semester Fall _____ Spring _____ Summer _____

Do not send electronically

Fax Unofficial Fax# _____ (No charge, official transcripts cannot be faxed)

Send transcripts to:

Name: _____

Department: _____

Street Address: _____

City/State/Zip: _____

How Many Copies? _____

\$5.00 per copy requested

PAYMENT OPTION (Check One): VISA MASTERCARD DISCOVER Check/Money order enclosed \$ _____ Payment Amount

Name of cardholder (please print) _____

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Card # _____ Three Digit Security Code (found on Signature Line) _____

Expiration Date: Month _____ Year _____ Signature _____

All financial obligations to Kishwaukee College must be satisfied before transcripts will be processed. If you do not want your transcript sent electronically, please note that on your request. For a listing of schools, visit [eSCRIP-SAFE network membership list](#)

OFFICE USE ONLY electronic Mail

DATE PROCESSED _____ 09/20/11RF