

**KANSAS CITY KANSAS COMMUNITY COLLEGE
Admissions & Records – Transcript Request Form
7250 State Avenue
Kansas City, Kansas 66112**

(Last) (First) (Middle) (Maiden)

(Address)

(City) (State) (Zip)

Telephone Number: _____

Student Number / SS# _____

Email Address: _____

Print clearly where transcript is to be sent:

(Name)

(Address)

(City) (State) (Zip)

Transcript Request - NO CHARGE

Official copy Fax copy Fax Number _____
 Unofficial copy

Send Transcripts:

- Now - allow 3 working days, plus more time during enrollment periods and at end of term
- Hold for grades at end of term-allow 3 weeks
- Hold for degree - allow 3+ weeks
- Hold for grades -- high school student

Signature of person filling out form

Date

Date sent: _____

_____ Number of copies. Student Pickup ID Required for Pickup

Fax Transcript Request to: 913-288-7648

Transcript Request Status:

Email:transcript_request_status@kckcc.edu

Mail to: Kansas City Kansas Community College

Admissions – Transcript Services

7250 State Avenue

Kansas City, Kansas 66112

Must Complete:

Currently enrolled at KCKCC? Yes__ No __ Date Attendance_____

Currently enrolled at TEC? Yes__ No __ Date Attendance_____

Do you have transfer credit from TEC, or another school? Yes__ No__

Do you have academic credit prior to 1983? Yes__ No __

Semester and Year of Graduation? _____

If yes to any question, additional processing time is required to ensure the accuracy of the student transcript.