

KANSAS CITY KANSAS COMMUNITY COLLEGE
Registrar's Office
7250 State Avenue
Kansas City, Kansas 66112
Tel: 913-288-7536

Transcript Request - NO CHARGE

- Official copy
- Unofficial copy
- Fax Copy - Fax Number _____

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

(Address) _____

All other transcripts need to be received and financial obligations paid before KCKCC transcripts will be released.

(City) _____ (State) _____ (Zip) _____

Telephone Number: _____

Student Number or SSN: _____

Email Address: _____

- 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: _____

Print clearly where transcript is to be sent:

(Name) _____

(Address) _____

(City) _____ (State) _____ (Zip) _____

_____ Number of copies. Student Pickup [] ID Required for Pickup

Fax Transcript Request to: 913-288-7665

Transcript Request Status:
Email: transcript_request_status@kckcc.edu

Mail to: Kansas City Kansas Community College
Registrar's Office
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.