

# REQUEST FOR TRANSCRIPT



Community College

Office of Admissions/Registrar

808 Monticello Street  
Somerset, Kentucky 42501

Date \_\_\_\_\_

SS# \_\_\_\_\_ ID# \_\_\_\_\_

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_

City State Zip

**Must sign below to release transcript**

X \_\_\_\_\_

Student Phone # \_\_\_\_\_

Name, if different, at time of attendance  
\_\_\_\_\_

First Year Attended (Approximate) \_\_\_\_\_

Last Year You Attended \_\_\_\_\_

I Am Currently Enrolled \_\_\_\_\_

Basic Charge: \$5.00 Receipt: \_\_\_\_\_

On Demand: \$7.00

Fax Requests: \$10.00

No. of Transcripts Requested \_\_\_\_\_

**I am using this transcript for:**

\_\_\_ College Admittance \_\_\_ Job \_\_\_ Official

\_\_\_ Self \_\_\_ Other

\_\_\_ I will pick up transcript (when)

\_\_\_ Mail immediately!

\_\_\_ Mail at end of semester when grades are available

\_\_\_ Degree I have earned must be on transcript

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

**Mail Transcript to:**

\_\_\_\_\_

\_\_\_\_\_

*The college has pre-addressed envelopes to all Kentucky colleges.*