

Transcript Request

→ To be completed by student only

Admissions Use Only
Initials _____
Date _____

Office of Admissions
Kaskaskia College
27210 College Rd
Centralia IL 62801
(618) 545-3000
Fax (618) 532-1990



www.kaskaskia.edu

IDOC# _____

Social
Security #: _____

Date
of Birth: _____

PLEASE PRINT

Full Name Last First Middle

Birth/Other names used while attending college _____

Complete Mailing Address Street PO Box 7711
City Centralia State IL Zip Apt # &/or PO Box (if applicable)
Daytime Phone (in case of questions) () _____

Student Signature *SIGNATURE REQUIRED* Today's Date _____

I authorize release of my transcript as directed. I understand that my request(s) can be withheld due to financial obligations with Kaskaskia College.

c/o Kaskaskia Vocational School
Centralia Correctional Center
PO Box 7711
Centralia IL 62801