

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
Apt # &/or PO Box (if applicable)
Centralia IL 62801 ()
City State Zip Daytime Phone (in case of questions)

Student Signature _____ Today's Date _____
SIGNATURE REQUIRED

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