

Kishwaukee College  
Unofficial Transcript Request Form

Fax: (815) 825-2306  
Email: [onestop@kish.edu](mailto:onestop@kish.edu)  
Mail: Kishwaukee College  
Enrollment services  
21193 Malta Rd  
Malta, IL 60150

Please Type or Print Legibly

Student ID/ Last 4 of Social Security \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle Former

Note: Any name changes must have a copy of Photo ID showing current name provided with request or transcript will be sent current name on file

Update address

Current Mailing Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

REQUIRED STUDENT SIGNATURE\* \_\_\_\_\_ DATE \_\_\_\_\_  
ELECTRONIC SIGNATURES ARE NOT ACCEPTED

SEND UNOFFICIAL TRANSCRIPT TO (Can be emailed, faxed, or mailed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_