

KANSAS COLLEGE OF CHINESE MEDICINE

Request for Transcript

Last Name	First Name	M.I.	Maiden (if applicable)
Social Security#		Date of Birth	
Current Address		City	State Zip

Forward official KCCM transcript to:
Name: _____
Attn.: _____
Street: _____
City: _____
State: _____ Zip: _____
Note: Student is responsible for correct address. A transcript will be mailed to the address indicated above. However, if it does not reach its destination, a "replacement" is not free

Check One:

- Pick up now (requires additional \$20 Express Service Fee)
- Send now, do not wait for semester grades
- Hold until semester grades are posted
- Hold until diploma statement is posted
- Hold for other reason: _____
- Other instructions: _____

- Transcripts are released only by a **SIGNED** student request.
- **Partial Transcripts** are not issued. Transcripts show all courses completed at this institution. Transfer credits are shown as totals only.
- **Allow 5 working days** for processing and mailing.
- **Transcripts are \$10 each.** Transcript fees must be paid in advance; transcript services are withheld until full payment is received.
- **Transcripts from other colleges** cannot be duplicated. Students must contact them directly for transcripts.

FOR OFFICE USE ONLY

Amount due _____ Amount Paid _____ Date Processed _____
Transcript sent/issued _____ Unmet obligations? (Yes/No) _____
List outstanding holds _____
Accepted by _____

Student's Signature _____ Date _____