

Kishwaukee College
21193 Malta Rd
Malta, IL 60150

TRANSCRIPT REQUEST— High School

PLEASE USE INK PEN TO COMPLETE:

STUDENT'S NAME: _____
(Last) (First) (Middle)

STB SAE : _ DAE : _

CHD - SB TBT : NOW SEND TRANSCRIPTS AFTER GRADES SEMESTER 2024-25_

MAIL TO (Please include complete mailing address):

_____ HIGH SCHOOL

STUDENT NAME AND ADDRESS:

_____ HIGH SCHOOL NO CHARGE

INITIALS _____

DATE MAILED _____

COMMENTS _____

STUDENT TELEPHONE: _____

I AUTHORIZE KISHWAUKEE C