



REQUEST FOR OFFICIAL TRANSCRIPT

Registrar's Office | P. O. Box 1373 | Kokomo, IN 46903-1373
800-459-0561 | Fax 765-457-1610 Attn: Records

PLEASE PRINT

Name _____ Date of Birth _____

Address _____
Street City State Zip code

Phone _____ Student C# or SS# _____

Student signature Date

Did you attend prior to 1990? Yes No If Yes, any previous names _____

Options (check one):

____ Number of copies requested (**\$5/per copy**)

- Send now, not including this term's grades.
- Send after this term's grades are processed.
- Send after graduation statement is complete.
- I will pick up at: Kokomo Logansport Wabash Peru

Student signature when picked up Date

- Mail to student
- Mail to name and address below.

Name _____

Address _____
Street City State Zip code

*There is a 24 – 48 hour waiting period for all transcripts printed by the records office. **Note: If your record shows that you are indebted to the college, no official record will be released until the debt has been cleared.** Payment by check, money order, or credit card is accepted. Unofficial transcripts are free and available on campus connect: <https://cc.ivytech.edu>. If no address is provided for the college, we will use the college address provided by our system.*

The Family Educational Rights and Privacy Act of 1974 prohibits the release of a student's confidential information to a third party without that student's written consent.

FOR OFFICE USE ONLY

Date received _____ Date printed _____ Processed by _____

Fees paid Received by: _____

METHOD OF PAYMENT (payment must be received in full prior to release of transcripts)

Cash Amount _____ Check Amount _____ Check # _____

Credit Card Type: MC Visa Discover

Card # _____ Expiration Date ___/___ Three-digit Code ___

Student signature Date