

Kalamazoo Valley Community College

Admissions, Registration and Records Office
PO Box 4070, Kalamazoo, MI 49003-4070
Fax: (269) 488-4161 Office: (269) 488-4281

Official Transcript Request

| | | | | |
|------------------|------------|----------|----------------------------|------------|
| Print: Last name | First name | M. I. | V Valley number | Birthdate |
| Street address | | | Previous name used at KVCC | |
| City | State | Zip code | Home phone | Work phone |

Select a delivery method:

- I will pick up my transcript.
(Bring photo identification with you.)
- Mail my transcript to my address listed above.
- Mail my transcript to the following address.

Name/Attention:

Address:

- I authorize the following person to pick up my transcript.
(They will be required to present Photo ID)

I authorize KVCC to release my transcript.

Student's signature _____ Date _____

Select a processing timeframe:

- Same day pickup or mail in one business day
(May occasionally require additional time.)
- After class ends in _____ (month)
- After my grade has been changed
Semester: _____
Course: _____
Original grade: _____
- After my degree is audited and posted
(approximately 2 months after semester ends)

| | | |
|-------------------------------|-----------------|-----------------------|
| No. of Transcripts | | Total Cost |
| _____ | x \$3.00 each = | _____ |

- Include Academy Classes**
(Auto, Police, MI Youth Challenge, etc.)

| | |
|--------------------------------------|----------|
| Office Processing | |
| Financial Services | |
| _____ | _____ |
| Date processed | Initials |
| Admissions, Registration and Records | |
| _____ | _____ |
| Date processed | Initials |

Please note: Transcripts are only released by written request of the student, in compliance with the Family Educational Rights and Privacy Act. Transcripts will not be furnished to any student whose financial obligation to the College has not been satisfied.

(Will be removed and shredded by Financial Services after processing)

Payment Information:

If you are paying by credit card (Discover, MasterCard, Visa), please provide your information below.

Credit card number: _____ Expires: _____

Billing address (if different from student's address above) _____ City _____ State _____ Zip Code _____