



Official Transcript Request

Admissions, Registration and Records
PO Box 4070, Kalamazoo, MI 49003-4070
f: 269.488.4199 p: 269.488.4281

Completed forms will first be processed in Financial Services. Once payment is made and credit card information is removed, the transcript will be generated by the Admissions, Registration and Records office. To protect your information, do not e-mail transcript requests as e-mails are not secure. It is safest to mail, fax or deliver it in person.

Student Information and Authorization

Last Name	First Name	Middle Initial	Valley Identification Number
			V
Street Address			
City		State	Zip code
Home Phone		Alternative Phone	
Previous name used at KVCC		Date of Birth	
Student Signature (required)		Date	

Select a processing timeframe

Number of Transcripts: _____ x \$3.00 each = _____

Process Immediately

After class ends in _____ (month) and grades are posted (approx. 1 week later)

After my grade has been changed
Semester: _____
Course: _____
Original Grade: _____

After my record has been audited for Michigan Transfer Agreement compliance

After my degree is audited and posted (approximately 2 months after semester ends)

Select a delivery method

Normal processing time is 1-2 business day or same day for pick up.

I will pick up my transcript (photo ID required)

I authorize the following person to pick up my transcript (they will be required to present photo ID)

Mail my transcript to my address listed above

Mail my transcript to:
Name/Dept.: _____
School/Business: _____
Address: _____

City State Zip code

Release Notice

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. For more details please reference our Release of Information policy and Notice of FERPA Rights published on our website.

Academy, Specialized training, CEU classes

I took a non-credit academy or class with continuing education units (CEU). Include my Continuing Education transcript.

Office Processing

Financial Services: ____/____/____ Date Processed Initials	Records Office: ____/____/____ Date Processed Initials	Hold/Other _____ Date Notified ____/____/____
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Payment information (Will be removed and shredded by Financial Services after processing)

If mailing or faxing this request and paying by credit card (Discover, MasterCard, Visa), please provide your information below.

Credit Card Number: _____ Expiration Date: _____

Card Holder's Name: _____