

ATTENTION STUDENT: DO NOT SEND THIS FORM TO IUK!

Transcript Request Form

PLEASE COMPLETE THE FOLLOWING INFORMATION AND SEND THIS FORM TO THE SCHOOL FROM WHICH YOU ARE REQUESTING A TRANSCRIPT.

Name and address of the school from which you are requesting a transcript:

I last attended your school in (give month and year): _____

My full name is: _____

Former Name(s): _____

My Social Security Number is: _____

Student ID number if other than Social Security Number: _____

My birthdate is: _____ My phone number is: _____

My full address is: _____

Signature

Date

ATTENTION SCHOOL: Please send an official copy of the student's record as soon as possible to:

**ATTN: Admissions
Indiana University Kokomo
2300 S. Washington St.
PO Box 9003
Kokomo, IN 46904-9003**