Independence Community College

Request for ICC Transcript

Failure to provide ALL information requested may result in processing delay.

1. **Name:** _____ _____ _____
   Last **First** **Middle**

   Former Last Names: _____ _____

2. **Social Security Number:** _____ 3. **Date of Birth:** _____

4. **Dates of Attendance:** _____

5. ◊ **Official Transcript - Number of Copies:** _____ ◊ **Unofficial - Number of Copies:** _____

6. ◊ **Send Now** ◊ **Hold for final semester grades**

7. **Signature:** _____
   I authorize the release of my transcript as indicated

8. **Mail transcript to:**

   _____
   Institution **Office**

   _____
   Street

   _____
   City **State** **Zip**

9. **Fax unofficial transcript to:** _____
   Fax Number

10. **Current Student Address:** _____
    Street

    _____
    City **State** **Zip**

Current Student Phone Number: _____

To pay by credit/debit card you may call the ICC Business Office at 620.332.5416 or 800.842.6063 x 5416. Or pay online at www.indycc.edu through the Student Information System link. DO NOT INCLUDE CREDIT CARD INFO ON THIS FORM! Your request form will not be accepted if there is credit card information on it. The first two transcripts requested (lifetime) are free. All subsequent requests are $5 each. Faxes are $5 each.

Return form to: 620.331.7924 fax, or ICC Registrar, PO Box 708, Independence., KS 67301