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.

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, Indep., KS 67301