



Independence

COMMUNITY COLLEGE

To submit this form
Email: registrar@indycc.edu
Mail: ICC Transcript Request
1057 W. College Ave.
Independence, KS 67301

TRANSCRIPT REQUEST FORM

FAILURE TO PROVIDE ALL INFORMATION MAY RESULT IN PROCESSING
DELAY FOR ANY QUESTIONS, CALL 620-332-5457

1. Name: _____
First Name Last Name MI

Former Name(s): _____

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

4. Dates of Attendance: _____

5. Phone Number: _____ 6. Email: _____

7. Current Address: _____
Street Apt No.
City State Zip

8. Options:
 Unofficial Transcript – Mail, Email, or Fax
 Official Transcript – Mail, Email, or Fax (\$10 paid to Business Office)

9. Processing:
 Send now Hold for final semester grades

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

11. Mail Transcript to: _____
Institution Office
Street Apt or Suite No.
City State Zip

12. Fax / Email unofficial transcript to (if applicable): _____

Please allow up to 5 business days for processing.

DO NOT INCLUDE CREDIT CARD INFO ON THIS FORM! DO NOT MAIL CASH!
To pay by credit/debit card you may call the ICC Business Office 620-332-5425 or 800-842-6063 ext. 5425