

KANSAS CITY KANSAS COMMUNITY COLLEGE
Registrar's Office
7250 State Avenue
Kansas City, Kansas 66112
Tel: 913-288-7536
Please print clearly.

 (Last) (First) (Middle) (Maiden)

 (Any Previous Names)

 (Current Address)

 (City) (State) (Zip)

Telephone Number: _____

KCKCC ID Number or SSN: _____

Date of Birth: _____

Email Address: _____

Print clearly where transcript is to be sent:

 (Name)

 (Address)

 (City) (State) (Zip)

Transcript Request
 Official copy
 Unofficial copy

All other transcripts need to be received and financial obligations paid before KCKCC transcripts will be released.

Send Transcripts:
 Now - allow 3 working days, plus more time during enrollment periods and at end of term
 Hold for grades at end of term-allow 3 weeks
 Hold for degree - allow 3+ weeks
 Hold for grades -- high school student

 Signature of person filling out form

 Date

Date sent: _____

 Number of copies

Transcript Request Status:
Email:transcript_request_status@kckcc.edu

Mail to: Kansas City Kansas Community College
Registrar's Office
7250 State Avenue
Kansas City, Kansas 66112

KCKCC- Kansas City Kansas Community College
 KCKJC- Kansas City Kansas Junior College
 KCKCJC- Kansas City Kansas Community Junior College
 TEC- Thomas R. Burke Technical Education Center
 AVTS-Area Vocational Technical School
 ATS-Area Technical School

Must Complete:

Currently enrolled at KCKCC? Yes_____ No _____ Date Attendance _____
 Currently enrolled at TEC? Yes_____ No _____ Date Attendance _____
 Do you have transfer credit from AVTS or ATS? Yes_____ No _____
 Do you have academic credits KCKCC prior to 1983? Yes_____ No _____
 KCKCC Semester and Year of Graduation? _____

If yes to any question, additional processing time is required to ensure the accuracy of the student transcript.