

Carthage College Transcript Request Form
2001 Alford Park Drive
Kenosha, WI 53140
(262) 551-6100

Student ID Number: _____

Student Name (Please Print): _____

I am a: Current Student Former Student (Last date of attendance: _____)

I need an: Unofficial Transcript Official Transcript

Please send my transcript: Now After my grades have been posted After my degree has been posted

I am requesting my transcripts for: Scholarship Application
 Employment
 Transferring to another school
 Graduate School Application
 Other: _____

I hereby give my permission for my academic transcript to be sent to the destinations listed below:

Student Signature: _____ Date: _____

Transcript Destinations

Official transcripts ordered through the Office of the Registrar can be sent by mail. Unofficial transcripts can be sent by mail or fax.

Recipient 1: _____ Number Requested _____

Address/Fax: _____

City: _____ State: _____ Zip Code: _____

Recipient 2: _____ Number Requested _____

Address/Fax: _____

City: _____ State: _____ Zip Code: _____

Recipient 3: _____ Number Requested _____

Address/Fax: _____

City: _____ State: _____ Zip Code: _____

Please include payment by cash or check with your order. Checks can be made out to Carthage College. Official Transcripts are \$10 for the first transcript, with an additional \$6 per additional transcript in the same request. Unofficial transcripts are free of charge.

Office Use Only:

Cannot Issue due to Business Office Hold
 Free Copy
 Paid Copies \$10.00 ----- \$10.00
+
Number of additional copies _____ X \$6.00 = _____

Date Processed: ___/___/___

Paid: Cash
 Check