



# TRANSCRIPT REQUEST

P.O. Box 7380, Paducah KY 42002-7380  
Phone: (270) 534-3264 Fax: (270) 554-6203

NAME: \_\_\_\_\_  
Last First Middle Initial Student EMPLID or SS #

Phone: \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

List any other names used (Maiden/Former): \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently enrolled? Yes  No  No, please give date of last attendance Year and Term: \_\_\_\_\_

School attended: PCC \_\_\_\_\_ WKT \_\_\_\_\_ WKCTC \_\_\_\_\_

### SPECIAL INSTRUCTIONS:

- Send now
- Hold for current semester grades
- Hold until credential statement is on transcript
- Hold for General Education Block Transfer Certification (If transferring to another KY Public Four-year College)
- Send Observation Hours (For Education Majors)
- Multiple transcripts to student in separate/sealed envelopes (Will be marked Issued to Student)

### STUDENT'S RESPONSIBLE FOR PROVIDING THE CORRECT ADDRESS BELOW:

Please send (total number requested) \_\_\_\_\_ transcript(s) to:

**ADDRESS WHERE TRANSCRIPT IS TO BE SENT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Fees Apply for Each Copy Requested

- Mail: 3 Business days..... \$5
- On-Demand: Mail or P/U..... \$7
- Fax & Mail: Same Day..... \$10

\_\_\_\_\_  
**Student Signature**

If transcripts are to be sent to more than one address please use additional forms or list on back of form.

Transcript services are withheld for any student that owes a KCTCS College money or property.

Transcripts picked up in person or mailed to the student will be stamped **ISSUED TO STUDENT**. These are not considered "official".

Transcripts from high schools or other colleges cannot be duplicated. These institutions must be contacted directly.

When ordering transcripts at the end of the semester; please allow at least two weeks from the last day of the semester for the recording of grades and processing of requests.

Date & Time Rcvd \_\_\_\_\_ by: \_\_\_\_\_ Charge: \_\_\_\_\_ P/U or Issue Date: \_\_\_\_\_ ID Checked by: \_\_\_\_\_