



# MCKENDREE UNIVERSITY

**PLEASE PRINT**

Date     /     /

REGISTRAR'S OFFICE

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This is an official request that an official copy of my transcript be sent to:

McKendree University – Louisville Campus  
Admissions Office  
11850 Commonwealth Drive  
Louisville KY 40299

Enclosed please find a \$\_\_\_\_\_ check/money order to cover the cost of my transcript.  
If any additional money is needed, please contact me at the address below.

Student's Name: \_\_\_\_\_

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

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

Date of Graduation/Last Attendance: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_