

**PLEASE PRINT**

Date     /     /

Student Records

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

McKendree College  
Admissions Office  
11850 Commonwealth Drive  
Louisville KY 40299

Enclosed please find a \$\_\_\_\_\_ check 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High School: \_\_\_\_\_

Date of Graduation/Last Attendance:             /     /

Social Security #:             -     -

Birthdate:             /     /

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