

AUTHORIZATION TO RELEASE TRANSCRIPTS

NOTE TO STUDENT: Most colleges and some high schools charge a fee. It is the student's responsibility to contact the institution and enclose the appropriate fee. *When you have completed this form, please mail it to the appropriate institution in order for your transcripts to be evaluated by KCC promptly.*

(Student must check one)

_____ COLLEGE TRANSCRIPT

_____ HIGH SCHOOL TRANSCRIPT

_____ G E D TRANSCRIPT

SCHOOL INFORMATION:

Name of School: _____

Address: _____

Date of Graduation/Attendance: _____

STUDENT INFORMATION:

Student Name: _____

Student's Current Address: _____

Student's Current Phone Number: _____

Any Previous Names (Maiden or other): _____

Social Security Number: _____

Date of Birth: _____

I authorize the release of my transcript to Kirtland Community College.

Please forward an official copy of my transcript to:

**Admissions Office
Kirtland Community College
10775 N. St. Helen Rd.
Roscommon, MI 48653**

Signature: _____ **Date:** _____