

TRANSCRIPT REQUEST FORM

Prior to submitting your transcript request form, kindly ensure you complete the following:

- Obtain <u>Financial Clearance and Payment Receipt Number</u> from the Business Office. You may reach Ms. Lisa Wood, Business Manager at <u>lisa.wood@icci.edu.ky</u> or call 640-8101.
- 2. Submit the completed form and attach <u>a copy of a government issued PICTURE ID</u> as proof of identification and email form to <u>melisa.hamilton@icci.edu.ky</u>

** EACH TRANSCRIPT COST \$25.00. <u>INCOMPLETE FORMS WILL NOT BE PROCESSED. PROCESSING OF REQUEST USUALLY</u> TAKES 3 – 5 BUSINESS DAYS UNDER NORMAL CIRCUMSTANCES.

STUDENT INFORMATION:

Last Name First Name		MI		Previous Last Name (if applicable)	
Degree:				Date of Birth	
Major:	Concentration			Phone Number	
Years Attended			I	Personal Email Address	
From: To:					
TRANSCRIPT INFORMATION:					
Name of Recipient:					
Address of Recipient:					
City		State			(Zip) Code
Country					
Payment Receipt Number (if applicable) :					
Delivery Method:					
Pick up on campus (only for personal transcript which will have "ISSUED TO STUDENT"					
STAMP ON IT)					
Courier Service (Jamaica: \$50, USA: \$90, UK: \$70, Europe: \$95)					
Email (first obtain approval from receiving Institution/Organization):					
Student Signature				Date	
Registrar Signature				Date	