



REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Dates attended - From _____ to _____

Last Name _____ First _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____

Name used when attending the institution listed above:

Last Name _____ First _____ Middle Initial _____

Birth Date _____ Social Security _____ - _____ - _____

A check for \$ _____ is attached to cover transcript fees.

Student's Signature _____ Date _____

TO THE STUDENT

Questions about transcripts should be directed to the Admissions Office. The telephone numbers are: Indiana - (219) 473-4215 and Illinois - (773) 721-0202 ext. 215

TO THE ISSUING INSTITUTION

Please send the transcript in a sealed, letterhead envelope directly to:

**Admissions Office
Calumet College of St. Joseph
2400 New York Avenue
Whiting, IN 46394**