



TRANSCRIPT REQUEST FORM

REGISTRAR'S OFFICE
 Keller Graduate School of Management
 1221 N. Swift Rd.
 Addison, IL 60101

Phone: (630) 706-3239
 Fax: (630) 543-6269

This is your authorization to provide an official transcript of my credits from Keller Graduate School of Management. The necessary identifying information is listed below.

Sincerely,

CURRENT HOME ADDRESS:

_____ STUDENT'S SIGNATURE	_____ DATE	_____ STREET	_____ APT #
_____ Daytime Phone Number		_____ CITY	_____ STATE
			_____ ZIP
_____ Home Phone Number		_____ Email address	

For currently enrolled students:

____ Process now

OR

____ Process once grades posted

____ Process after degree has been conferred

Name(s) attended under (PLEASE PRINT)

Total # of Transcripts: _____

METHOD OF PAYMENT \$5.00 Fee Per Transcript

__Check __Money Order __Credit Card

Student ID # // Social Security Number

__Visa __Mastercard __AmEx __Discover

Card #: _____

Dates of attendance

Exp. Date: _____

***** **PAYMENT REQUIRED FOR PROCESSING** *****

**** **FAXED REQUESTS MUST INCLUDE CREDIT CARD NUMBER** ****

Mailing address of recipient(s) & Special Directions (If you have more than one transcript and would like them to be mailed in separate envelopes, please indicate this below). Transcripts will not be faxed or e-mailed under any circumstance:

***** **ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR PROCESSING*******

Regular Business Days are M – F. Saturday & Sunday are not considered Business Days

FOR OFFICE USE ONLY #T: _____ \$ _____

OSCAR: Y _____ N _____

Mailed: _____