



TRANSCRIPT REQUEST FORM

REGISTRAR'S OFFICE
 Keller Graduate School of Management
 One Tower Lane, Suite 1000
 Oakbrook Terrace, IL 60181

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
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):

******* 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: _____