



To submit this form
Fax: 620-331-7924
Email: registrar@indycc.edu
Mail: ICC Transcript Request
1057 W. College Ave.
Independence, KS 67301

Transcript Request Form

Failure to provide ALL information requested may result in processing delay.

For any questions call 620-332-5405

1. Name: _____
Last First Middle
Former Names: _____
2. Social Security Number: _____
3. Date of Birth: _____
4. Dates of Attendance: _____
5. Phone Number: _____
6. E-mail _____
7. Current Address: _____
Street

City State Zip
8. Option:
 Unofficial Transcript – Mail, Email, or Fax (\$5 Each Request)
 Official Transcript – Mail Only (\$10 Each Request)
9. Processing:
 Send Now
 Hold for final semester grades
10. Signature: _____
I authorize the release of my transcript as indicated.
11. Mail transcript to:

Institution Office

Street

City State Zip
12. Fax / Email unofficial transcript to (if applicable): _____

Please Allow up to 5 Business Days for Processing.

DO NOT INCLUDE CREDIT CARD INFO ON THIS FORM! DO NOT MAIL CASH!

To pay by credit/debit card you may call the ICC Business Office 620-332-5416 or 800-842-6063 x5416.