



TRANSCRIPT REQUEST FORM

Social Security# _____ Phone _____

Name (Last) _____ (First) _____

Home Address _____ E-mail _____

City _____ State _____ Zip _____

Dates of Attendance _____ VCM Degrees _____

Other names Used while in Attendance _____

SUBMIT REQUESTS TO:

Registrar
VanderCook College of Music
3140 S. Federal St.
Chicago, IL 60616
tel. (312) 225-6288 x236
fax (312) 225-5211

Transcripts \$5 per copy – no transcript without payment.
Make checks payable to VanderCook College of Music.

credit card # (Visa, MC, or Discover) _____ exp. date _____

PLEASE SEND MY TRANSCRIPT TO:

City _____ State _____ Zip _____

Check one:

- Send my transcript immediately.
- Send my transcript when grades have been recorded for the following course:

- Send my transcript when grades have been recorded for the following semester:

Signature _____ Date _____

OFFICE USE ONLY		Date	
Cash Check	MC/V/D	Amt.	Init.



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