TRANSCRIPT REQUEST FORM

Last Name__________________  First Name__________________

Home Address_________________

City__________________  State_____  Zip__________________

Phone__________________  Email__________________

Dates of attendance__________________  VCM degree(s)__________________

Other names used while in attendance________________________________________

PLEASE SEND MY TRANSCRIPT TO:

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

City__________________  State_____  Zip__________________

Signature ____________________________  Date ______________

OFFICE USE ONLY:

Date

Cash  Check  V  MC  D  Amt.  Init.

Please enclose $5.00 per transcript copy — transcripts will not be sent without payment.

Make checks payable to
VanderCook College of Music

SUBMIT REQUESTS TO:

VanderCook College of Music
Attn: Registrar
3140 S. Federal St.
Chicago, IL  60616
tel. 312.788.1151
fax 312.225.5211

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:

__________________________________________________

VanderCook College of Music
www.vandercook.edu