



COLLEGE OF MUSIC

www.vandercook.edu

TRANSCRIPT REQUEST FORM

SUBMIT REQUESTS TO:

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

Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Dates of attendance _____ VCM degree(s) _____

Other names used while in attendance _____

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

Make checks payable to
VanderCook College of Music

Credit Card # (Visa, MC, 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	V MC D	Amt. Init.



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