



## 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 \$10.00 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.