

Metropolitan Community College- Kansas City Transcript Request Form

Transcripts are mailed within 3 business days of request. There is **no charge** for MCC transcripts. Due to the Federal Educational Rights and Privacy Act (FERPA), students may only request their own transcript, unless they have given written approval which includes a signature, or granted access privileges.

Transcripts can be accessed and requested on-line by going to www.mcckc.edu, selecting myMCCKC, and entering the student UserID and Password.

-or-

The student may complete this form and submit it by mail or fax to:

Student Data Center Metropolitan Community College 3200 Broadway Kansas City MO 64111

Fax: 816/759-1149

This form may also be submitted in person to any MCC campus Enrollment or Student Services Center.

Name/Address:					
Last Name	First Name	Middle Init	ial	Previous Names	
Current Street Address			Student ID (or last four digits of SSN) Date of Birth		Date of Birth
City	State	Zip Code		Daytime Phone Number	
E-mail Address					
Signature to request transcripts				Date	
Send T	School/Name				
City		State		Zip Code	
Check All That Ap	ply				
Currently Enrolled	d				
Currently a High	School Dual Credit Stude	ent			
Please send imme	diately				
Send once grades	are posted (Circle one): I	Fall Spring	Summer		
Send once degree	/certificate is awarded (C	ircle one): Fall	Spring	Summer	