

High School/GED Transcript Waiver 2023-2024

Financial Aid Office 7390 S. 6th Street Klamath Falls, OR 97603 (541) 882-3521 www.klamathcc.edu

(Please print and complete in blue or black ink)

www.kiamaciec.edu			
Last Name	First Name	Middle Initial	
Social Security Number			
must have a high school di • General Education	oloma (modified diploma on Development certifica	r July 1, 2012 and receive federal finan a excluded) or a recognized equivalent a ate (GED) or am that meets your state's requirement	as follows:
 You were enrolle 	d in an aid-eligible prog	to July 1, 2012 if the following is true: ram at KCC or another college AND redel or higher) with a grade of C or better.	
	Please check one	e of the following:	
		eligible program at KCC or another colled dits with a grade of C or better.	ge and
Number of Credits		Institution	
Date(s) of Attendance			
I have not attended ar	nother college.		
You must take the follow transcript waiver: (initial	_	can determine if you are eligible for eted):	a
Request official trar		s colleges attended. These should be s	sent directly
		on Request Form (available from Stude gistrar). You must submit this form to the	
Student Signature:		Date:	