



Office of Admissions and Records

2400 W. Bradley Avenue, U-214
Champaign, IL 61821-1899
Telephone: 217-351-2482
Fax: 217-353-2640
www.parkland.edu/admissions

Transcript Request

Transcript cost is \$5.00 per order

Please print clearly

Parkland Student I.D. # _____ Phone Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature (required) _____

Please check appropriate option:

- Send transcript now (transcripts are generally processed in 2 – 4 days)
- Send after grades for current semester are posted (allow 1 – 2 weeks after finals)
- Send after graduation status is posted (allow 2 – 4 weeks after the end of the semester)

Photo Identification is required for all transcripts picked up in-person

- I will pick up my transcript on: _____ (provide date, allow 24 hours)
 - Transcript will be picked up by: (provide name if other than yourself)
-

Sent transcripts only

Please provide complete recipient name and address.

Incomplete information will result in an undeliverable transcript. Send _____ transcript(s) to:

Name of Person/Name of Institution

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Transcripts will NOT be issued for a student who has a financial obligation to the college.