

TRANSCRIPT REQUEST

LAST NAME	FIRST NAME	M. IN.	PREVIOUS NAME	SOCIAL SECURITY NO.
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SIGNATURE (required)	BIRTH DATE	PHONE NUMBER
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STREET ADDRESS	DATE OF REQUEST	PLEASE SEND TRANSCRIPTS:
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CITY AND STATE	ZIP CODE	<input type="checkbox"/> Now <input type="checkbox"/> After semester grades are recorded: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ <input type="checkbox"/> After degree is posted <input type="checkbox"/> Will pick up on ____ / ____ / ____
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Use a separate form for each individual or institution to which a transcript is to be sent.

PLEASE SEND [] COPIES OF MY TRANSCRIPT TO:

ALL TRANSCRIPTS COST \$5.00.

THIS FORM WILL BE INSERTED IN A WINDOW ENVELOPE.

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BE SURE ADDRESS IS ACCURATE AND COMPLETE.

FOR OFFICE USE ONLY

Charges:

Paid:

Mailed:

Transcript requests are generally filled within three working days. At the end of a semester, more time is required.



Office of Admissions and Records
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Champaign, IL 61821-1899