

TRANSCRIPT REQUEST

LAST NAME	FIRST NAME	M. IN.	PREVIOUS NAME	SOCIAL SECURITY NO.
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PARKLAND COLLEGE
Office of Admissions and Records
2400 W. Bradley Ave., Champaign, IL 61821-1899

Use a separate form for each individual or institution to which a transcript is to be sent.

SIGNATURE (required)	BIRTH DATE	DATE OF REQUEST
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STREET ADDRESS		PLEASE SEND TRANSCRIPTS: <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____
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CITY AND STATE	ZIP CODE	ALL TRANSCRIPTS COST \$3.00. <input type="checkbox"/> After degree is posted <input type="checkbox"/> Will pick up on ____ / ____ / ____
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PLEASE SEND [] COPIES OF MY TRANSCRIPT TO:

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.