

Admissions and Records

2400 W Bradley Ave Champaign, IL 61821 Phone (217)351-2482 Fax (217)353-2640

Transcript Request

Forms can be submitted by mail, fax (217/353-2640), or delivered in person. To ensure your privacy, Do NOT submit forms through email.

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 semes	ster are posted (allow 1 – 2 weeks afte	er finals)
☐ Send after graduation status is post	ed (allow 2 – 4 weeks after the end of	the semester)
	or all transcripts picked up in-perso (providerovide name if other than yourself)	
Sent transcripts only		
Please provide complete recipient na	me and address.	
Incomplete information will result in	an undeliverable transcript. Send _	transcript(s) to:
Name of Person/Name of Institution		
Name:		
Address:		
City:		
7in Code:		