



TRANSCRIPT REQUEST FORM

Office of the Registrar

18624 West Creek Drive, Tinley Park, IL 60477

(708) 342-3370

Fax: (708) 342-3385

LAST NAME	FIRST NAME	INITIAL
STUDENT ID NUMBER	DATE OF BIRTH (MM / DD / YYYY)	
MAILING ADDRESS:	PHONE / EMAIL:	
	WK PHONE:	
	HM PHONE:	
	EMAIL:	

How would you like to receive your transcript(s) ?

- Pick up (Room 2212 Allow a Minimum of 72 Business Hours Once Request is Made)
- Mail

TO:	TO:	TO:
Address:	Address:	Address:

SPECIAL INSTRUCTIONS:
 For students enrolled in the current term: Process Now Process once grades posted
 I AUTHORIZE THE RELEASE OF MY TRANSCRIPT(S) TO THE ABOVE PARTIES:

STUDENT SIGNATURE _____ DATE _____

Contact the Cashier in Student Finance or Call (708) 342-3219 to pay for transcripts. Copies of transcripts are \$5.00 each and must be paid before transcripts can be ordered. Please allow three (3) business days for the completion of the request. If student account is not current, transcripts will not be released. ****ALL FAXED REQUESTS MUST INCLUDE CREDIT CARD NUMBER****

NAME ON CARD _____			
NUMBER OF COPIES REQUESTED _____	AMOUNT PAID _____	CREDIT CARD # _____	EXP DATE _____
FOR OFFICE USE ONLY:			
CLEAR _____	DENIED _____	DATE _____	S.F. SIGNATURE _____ RECEIPT# _____
REGISTRAR STAFF SIGNATURE _____	MAILED _____	DATE _____	
STUDENT SIGNATURE (PICK-UP) _____		DATE _____	