



Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. All requests require a minimum of one full business day to process. Please be sure to carefully complete all information prior to printing the document.

Personal Information:

Last Name First Name UIN

Previous Name Last Year Attended DOB M D Y

Mailing Address City State Zip Code

Daytime Phone Email Address

Order Instructions (check all that apply):

Number of Copies Requested Send Now Will Pick Up Hold for Grades Hold for Degree

Send Transcript To Address Line 1

Address Line 2 City State Zip Code

By signing below, the student consents to the release of academic transcripts from the University of Illinois at Springfield and/or other University of Illinois campuses. Signature also authorizes credit card charge.

 Student Signature (Required) _____
 Date

A \$10 fee is charged for each official transcript. Payment must be made using cash, personal check, or credit card (see below). No transcript will be issued if the student has a debt to the University.

Credit Card Processing Instructions:

A \$10 fee for each transcript must be charged to your credit card if you are faxing your request. Transcript requests may be faxed to 217/206-6620. Note: The University of Illinois at Springfield accepts AMERICAN EXPRESS, VISA, MASTERCARD and DISCOVER credit cards for transcript requests.

Credit Card Number Expiration Date (MMYY) Security Code*

Billing Address City State Zip Code

Amount Charged *Please refer to either the front or back of your credit card for your 3 or 4-digit security code.

For Office Use Only	
Amount:	_____
Date Printed:	_____
Payment Method:	_____