



Transcript Request

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:

Form fields for 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):

Form fields for order instructions: 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).

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.

Form fields for credit card processing: Credit Card Number, Expiration Date (MMYY), Security Code\*, Billing Address, City, State, Zip Code.

For Office Use Only

Form fields for office use: Amount Charged, \*Please refer to either the front or back of your credit card for your 3 or 4-digit security code, Amount, Date Printed, Payment Method.