



REQUEST FOR ACADEMIC TRANSCRIPTS

University of Illinois at Urbana-Champaign | Office of the Registrar | Transcript Department | 901 W. Illinois St., Suite 140, Urbana, IL 61801
Phone: (217) 333-9778 | Fax: (217) 333-3100

The cost of a transcript is \$8 per copy. Payment by check (payable through a U.S. bank) or charge is due when the order is submitted. Make checks payable to the University of Illinois. There is a \$30 fee for all returned checks.
Transcripts will be sent via US mail unless otherwise indicated. Transcripts may also be picked up in person at the Records Service Center. Transcript requests are normally processed within 5 business days from receipt of order. The student's signature is required for release of academic record. PLEASE TYPE OR PRINT CLEARLY. To order electronically delivered transcripts visit http://registrar.illinois.edu/transcripts

PERSONAL INFORMATION

LAST NAME: FIRST NAME: UIN/DOB:
PREVIOUS NAME: LAST SEMESTER/YEAR ATTENDED: MAILING ADDRESS:
CITY: STATE: ZIP CODE: COUNTRY:
DAYTIME PHONE: EMAIL ADDRESS: Mail to Student Address Above: []

THIRD PARTY DELIVERY INFORMATION

SEND TRANSCRIPT TO: ADDRESS LINE 1: ADDRESS LINE 2:
ADDRESS LINE 3: CITY: STATE: ZIP CODE: COUNTRY: Number of Copies:

EXPEDITED SHIPPING OPTION (OUR EXPEDITED SHIPPING CARRIER CANNOT DELIVER TO PO BOX ADDRESSES)

Domestic Overnight - Main 48 (additional \$20): [] Domestic Alaska or Hawaii (additional \$23): [] International (additional \$43): []

DELIVERY METHOD | WHEN TO SEND

Send Now: [] Will Pick Up: [] After Grades are Posted: [] After Degree is Awarded: []

CONSENT TO RELEASE TRANSCRIPTS*

*By signing below, the student consents to the release of academic transcripts from the University of Illinois at Urbana-Champaign and/or other University of Illinois campuses. This signature also authorizes credit card charge.

STUDENT SIGNATURE (REQUIRED): DATE:

CREDIT CARD PROCESSING

The charge per transcript is \$8. The University of Illinois at Urbana-Champaign accepts American Express, Discover, MasterCard and Visa.

Credit Card Number: Expiration Date (MM/YY): Security Code: Amount To Be Charged:

FOR OFFICE USE

Date Received: Hold For: Expedited Tracking: