

## Transcript Request Form

**Instructions:**

Please read and complete the form with the appropriate information and the total due when ordering transcripts. This form should be used only when ordering transcripts by mail.

**PLEASE COMPLETE THE DESTINATION MAILING ADDRESS BOX LOCATED BELOW FOR TRANSCRIPT DELIVERY**

**Student Information (All information is required to identify your record-please write clearly)**

University I.D.	Social Security Number (optional)	Date of Birth (mm/dd/yyyy)	Telephone		
Full Name (Last, First, Middle)					
Maiden/Other Name: (Last, First, Middle)					
Current Address – Street		Apt.	City	State	Zip Code
UIC Degree(s) and Date(s) Awarded					
First term enrolled	Last term enrolled		Current Email Address		

**Transcript Fee** – Transcripts are \$10 for each transcript that is requested. Please include a check or money order made payable to the ‘University of Illinois at Chicago’ and mail your request to the addressed indicated at the top of the page

**Number of Transcript(s) Requesting:**

_____ Copy(s)	=	_____ each
Total Amount Due	=	_____

The order will not be processed if you have any outstanding financial or administrative obligations with UIC. In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), your records will only be released with your written consent.

**Authorization Signature Required** – *I authorize release of my transcripts as directed on this form. No electronic signatures. We WILL NOT process transcripts without a HAND-WRITTEN signature.*

X \_\_\_\_\_

Date \_\_\_\_\_

Check Box to use address listed above

**Destination Mailing Address (Required)**

*A separate request form must be used for each destination mailing address*

Name of School and/or Contact		
Address 1		
Address 2		
City	State	Zip Code

OFFICE USE ONLY