

Transcript Request Form

Instructions:

Please read and complete the form with the appropriate information and the total due when ordering transcripts. Alumni who are requesting transcripts should use this form.

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)

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
Dates of Attendance			Current Email Address		

Transcript Fee – Transcripts are \$20 for each transcript that are 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	=	_____

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

Enc Y N Date _____

Phone (312) 996-4350 • <http://registrar.uic.edu/>

Prepared by: _____ Date _____