

Present Name \_\_\_\_\_ Maiden Name and/or Other Name \_\_\_\_\_ Student ID Number/Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Daytime Phone (with area code) \_\_\_\_\_ Evening Phone (with area code) \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_  Presently attending  I attended prior to 1984 (Note: additional processing time may be required.)

**Send Transcripts: (check one)**  Now  Hold until final grades are posted  Hold until degree/certificates are posted \_\_\_\_\_ degree/certificate

**Indicate:**  Pick-up **OR**  Fax (unofficial only) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **OR**

Mail transcript to \_\_\_\_\_

\*Organization or Individual \_\_\_\_\_ Attention \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \* Zip Code \_\_\_\_\_

\*Required. If address is incorrect, student is responsible for ordering and paying for an additional transcript.

<b>Fee and Quantity:</b>	<b>Processing time: Same day**</b>		<b>Processing time: 3-5 days</b>	
<input type="checkbox"/> Official copy (same day service)	\$5.00 _____ quantity		<input type="checkbox"/> Official (3-5 business days)	\$3.00 _____ quantity
<input type="checkbox"/> Unofficial copy (fax service)	\$5.00 _____ quantity		<input type="checkbox"/> Real Estate Transactions (3-5 bus. days)	\$3.00 _____ quantity
<input type="checkbox"/> Unofficial (same day service)	\$3.00 _____ quantity		<input type="checkbox"/> Home Inspection (3-5 bus. days)	\$3.00 _____ quantity
			<input type="checkbox"/> Real Estate Appraisal (3-5 bus. days)	\$3.00 _____ quantity

\*\*Unofficial transcript requests for faxed delivery/official same day service requests must be received by 2 p.m. for same day service.

Note: Processing time references the time required to produce the transcript, it does not include mailing time. Transcripts being held for pick-up will be mailed to the address indicated above if not retrieved within one month.

Ordered: Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Pick-up: Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

<b>Bus. Ofc. Use Only:</b>
Receipt # _____
Amount Paid _____

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**Instructions:**

1. Print out the transcript request form.
2. Complete the form with the necessary information.
3. Return the completed transcript request form to the Office of Enrollment Services using one of the following delivery methods:
  - a. Mail the form with a check or money order payable to Prairie State College. The completed form and payment should be mailed to:
 

Office of Enrollment Services  
Prairie State College  
202 South Halsted Street  
Chicago Heights, IL 60411
  - b. Fax the form to the Office of Enrollment Services at (708) 709-3951. Prior to faxing the request, call the Business Office at (708) 709-3577 and pay the transcript request fee. After the fee is paid, you will be provided a receipt number. Write the receipt number on your transcript request form.
  - c. Bring the form to the Office of Enrollment Services located on the main campus at 202 South Halsted Street in Chicago Heights, Illinois. Prior to submitting the form visit the Business Office also located on our main campus to pay the transcript request fee.

- Note:**
- Please allow 3-5 days for internal processing.
  - Forms received after 2:00 p.m. will not be processed until the next business day.
  - Transcript request forms will be processed after all financial account balances are cleared.