

TRANSCRIPT REQUEST FORM

Transcript requests require a written authorization and will only be honored if all financial obligations with the College are clear. Request and payment will be returned if obligations exist.

Name: _____
Last
First
Middle
Maiden

Address: _____
Number/Street
City
State
Zip Code

Update Sauk Valley Records: YES NO

SSN or Sauk ID #: _____ Phone: (____) _____

Student Signature: _____ Date: _____

Transcript Request Information: (Please check one)

- Send transcripts **now!**
- WAIT!** Send after current grades are posted (indicate month and year) ____ / ____
- WAIT!** Send after degree is posted (indicated month and year) ____ / ____

Unofficial Copies (no charge) Quantity: _____ (eSCRIP-SAFE **not** available for Unofficial Transcripts)

Official Copies (\$6.00 per copy) Quantity: _____

Payment **MUST** accompany request. **Faxed request must include credit card information.** (Fax: 815-288-3190)

Mail Transcripts To:

(One Address per Request-Must Provide Complete Address)

Send electronically via eSCRIP-SAFE:
**** Official Transcripts ONLY****

Organization within eSCRIP-SAFE network

Name: _____

Outside of eSCRIP-SAFE network

Recipient's Name: _____

Email Address: _____

03/12 For Office Use Only: Date: _____

Cash Credit Card Check Number _____ Amount Received _____ Initials _____

Name: _____ **Total Charge:\$** _____

Name of Card Holder: _____ Card Type: _____

Card Number: _____ Security Code _____ Exp. Date: _____
(back of credit card)