



# Request for SIC Transcript

Student Records 3575 College Road Harrisburg, IL 62946  
Telephone: 618-252-5400 ext. 2453 Fax: 618-252-3062

Email Address	Student ID # (if known)	Date of Birth	Approximate Dates of Attendance
Last Name	First Name	Initial	Previous Name(s)
Current Address	City	State	Zip Code

By this signature, I agree to the release of my academic records to the recipient indicated below:

<i>Signature</i>	<i>Date</i>
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Name or Office: \_\_\_\_\_

Institution or Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Check **all** that apply:

- \_\_\_\_\_ Hold for \_\_\_\_\_ semester's grades
- \_\_\_\_\_ Hold for grade change in \_\_\_\_\_
- \_\_\_\_\_ Hold for degree/certificate to be posted
- \_\_\_\_\_ Please mail
- \_\_\_\_\_ I will pick up the transcript

How many copies? \_\_\_\_\_ Official Transcript (\$5.00) \_\_\_\_\_ Student Copy (free)

**Please allow at least two business days for processing. Will be processed in the order received.**

Visa ( ) Mastercard ( ) Discover ( )

Please include debit or credit card info if faxing a request.

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Verification # \_\_\_\_\_

Amount of Charge \_\_\_\_\_

Cardholder Phone# \_\_\_\_\_

Amount paid: \_\_\_\_\_

**Credit card information is shredded after the payment has been accepted.**