



TRANSCRIPT REQUEST FORM

Name (*Please Print Clearly*): _____

Class of: _____ (*Graduation Year*)

I have submitted an application to the following college, university, or scholarship.
Please send an official transcript to the address below:

Be sure to include any deadline dates if applicable.

Example: Southern Illinois University
Office of Admissions
1263 Lincoln Drive
Carbondale IL 62901

Please check all additional items to mail:

Application Fee Waiver Request: _____

Letters of Recommendation: _____ (Include name of requested teacher)

ACT Scores: _____

****In fairness to all applicants, requests will be processed in the order they were received. Please allow up to three business days for processing of transcript requests. Applications with a deadline date must be submitted two weeks in advance.**

Signature: _____ Date: _____