



## 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: \_\_\_\_\_