

After completing and signing this form, submit to Student Service Center, L211  
 Or mail with payment to:  
 Illinois Central College  
 East Peoria Campus  
 One College Drive  
 East Peoria, IL 61635-0001  
 (309) 694-5609

## TRANSCRIPT REQUEST FORM

Date of Request: \_\_\_ / \_\_\_ / \_\_\_\_\_      Number of copies requested: \_\_\_      WYW \_\_\_  
 Last 4 digits of SSN: \_\_\_\_\_      ICC Student ID Number: \_\_\_\_\_

Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -5px;"> <span>Last</span> <span>First</span> <span>MI</span> </div> Previous Names: _____ Street Address: _____ City, ST, Zip: _____ Telephone: (_____) _____ Birthdate: ___ / ___ / _____	<b>WHEN SHOULD TRANSCRIPT BE PROCESSED?</b> <i>(Please indicate semester.)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Now</li> <li><input type="checkbox"/> After _____ grades are posted.</li> <li><input type="checkbox"/> After Graduation Certification is posted. <i>(Allow 6-8 weeks after the semester ends)</i></li> <li><input type="checkbox"/> Other instructions: _____</li> </ul>
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**DATES OF ATTENDANCE AT ICC:** From \_\_\_\_\_ (Term/Year) to \_\_\_\_\_ (Term/Year)

**THIS IS THE MAILING LABEL. STUDENT IS RESPONSIBLE FOR PROVIDING CORRECT ADDRESS.**

NAME _____ DEPT. _____ ADDRESS _____ CITY _____ ST _____ ZIP CODE _____
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**Signature of student authorizing release of transcript:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 prohibits educational institutions from releasing student records WITHOUT written consent from the student.

### TRANSCRIPT PROCEDURES

1. A fee of \$2.00 for each copy must accompany this request. Payments will be accepted by check or money order, payable to Illinois Central College. Please do not send cash. "WHILE YOU WAIT" requests are charged a fee of \$5.00 per copy.
2. Transcripts released to students will be stamped "ISSUED TO STUDENT". These may not be accepted as official.
3. ICC does not accept requests for transcripts to be faxed to other agencies or institutions.
3. Transcripts will not be issued until all monetary holds are cleared with Student Accounting.
4. If sending transcripts to more than one recipient, please use a separate form for each transcript request.
5. Please mail this form with payment to the address listed at the top of this request.

### FOR OFFICE USE ONLY

Amount Paid: \$ \_\_\_\_\_      Received By: \_\_\_\_\_      Date Sent: \_\_\_ / \_\_\_ / \_\_\_\_\_

WE ARE UNABLE TO RELEASE YOUR TRANSCRIPT FOR THE FOLLOWING REASON(S):

- |  |   |
|--|---|
| ___ Unpaid obligation (Contact Student Accounting. 694-5467) | ___ Library Fine (Contact Library 694-8463) |
| ___ Traffic Fine (Contact Student Accounting. 694-5467)      | ___ Need Student ID Number/SSN verification |
| ___ Need \$2.00 Fee per Transcript                           | ___ Other _____                             |