

REQUEST FOR ACADEMIC TRANSCRIPT

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN, TRANSCRIPT DEPARTMENT

901 WEST ILLINOIS STREET, URBANA, ILLINOIS 61801

FAX: (217) 333-3100

PHONE: (217) 333-0210

The cost of a transcript is \$5.00 per copy. Payment by check or charge is due when the order is submitted. Make checks payable to the University of Illinois. If you would like your transcript(s) mailed, fill in the address(es) below. Transcripts will be sent via US mail. If you plan to pick up your transcript(s) in person at the Records Service Center, enter quantity in "Qty for Pick Up" box. Transcript requests are normally processed within 5 business days from receipt of order. The student's signature is required for release of academic records. By signing below, the student consents to the release of academic transcripts from the University of Illinois at Urbana-Champaign and/or other University of Illinois campuses.

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LAST FIRST MIDDLE/MAIDEN NAME ON RECORD (IF DIFFERENT)

UNIVERSITY ID # (UIN) _____ DATE OF BIRTH _____ SOC SEC NUMBER* _____

CURRENT ADDRESS _____
STREET CITY STATE ZIP

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CREDIT CARD #: _____ SECURITY CODE _____ EXP DATE: _____

STUDENT'S SIGNATURE _____ **DATE** _____

**A Social Security number is not required but providing it will expedite the processing of your order. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose any Social Security number without consent for any purpose except as allowed by law and University policy (see www.ssn.uillinois.edu).*