Transcript Request Form

Procedures:

1. **Official transcripts** are packaged in a sealed security envelope.
2. *Official copies issued to students* require identification of each recipient. Complete second page of this form.
3. **Unofficial** copies can be issued to a student on plain copy paper upon request.
4. No documents will be issued if there is any type of financial or administrative hold on your account.
5. Please allow two business days for official transcript processing. **No fee for transcripts.**
6. All transcripts will be sent US Postal Service First Class Mail. (regular mail)

* Please note: If the seal is broken, the transcript is no longer deemed official.

STUDENT INFORMATION:

__________________________________________  ____________________________________________  ____________________________________________
First Name                                Middle Name                                Last Name

__________________________________________  ____________________________________________
Student ID Number                          Email Address

Currently Enrolled?  YES    NO

☐ Hold until current semester's grades are posted in official grading system.
☐ Please issue official copy(s) to me. **You must indicate each recipient on next page.**
☐ Please mail the transcript. **(Complete Section Below)**

__________________________________________  ____________________________________________
Student’s Signature - required                          Date

MAIL TRANSCRIPT TO:

__________________________________________
Title

__________________________________________
Name

__________________________________________
Address

__________________________________________  ____________________________________________  ____________________________________________
City                          State                          Zip
OFFICIAL TRANSCRIPTS ISSUED TO STUDENTS. *You cannot list your own name as recipient. Recipient must be (school, employer, agency, etc.)

RECEIPIENT #1 __________________________________________________________

RECEIPIENT #2 __________________________________________________________

RECEIPENT #3 __________________________________________________________

___ I wish to pick up the copy(s) in person.

___ Please mail copy(s) to the below address:

Name: ____________________________
Address: __________________________
City: _____________________________
State: ____________________________
Zip code: __________________________

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