Transcript Request Form
Illinois Valley Community College

Admissions and Records
815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Fax: (815) 224-0892

Last Name: ____________________ First Name: ____________________

Previous Last Name (if applicable): ____________________

Social Security/Student ID Number: ____________________

Student Information:
Last Date of Attendance at IVCC: ____________________ Birth Date: ____________________
Current Mailing Address: ____________________ Phone # : ____________________
City, State, Zip: ____________________ Email address: ____________________

Signature: ____________________ Date: ____________________

Send Transcript to:

☐ For a personal transcript, check here

☐ Complete name of person or institution to send the transcript to:

_______________________________________________________________________

Department (if applicable): ____________________

Address: ____________________

City, State, Zip: ____________________

Fax number (if applicable): ____________________

Number of copies requested: _________ (limit 5)

Check One:

☐ Pick up transcript now

☐ Mail transcript now

☐ Hold for final grades

☐ After degree is awarded

☐ Fax only (unofficial)

The College will not forward an academic transcript if financial requirements (tuition, library fines, athletic equipment fees, etc.) and/or academic record conflicts have not been resolved to the satisfaction of Illinois Valley Community College.

*IVCC electronic transcripts must be requested via Parchment. If you are needing an electronic official transcript, please follow the Parchment link found at www.ivcc.edu/transcript

Office Use Only

Date Processed:

Transcript Request Form updated 8/25/2021