

**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: _____

City, State, Zip: _____ Phone #: _____

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)

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

Check One:

- ___ Pick up transcript now
- ___ Mail transcript now
- ___ Hold for final grades
- ___ After degree is awarded
- ___ Fax only (unofficial)

Office Use Only
Date Processed: