

**Transcript Request Form
Illinois Valley Community College**

Admissions and Records
815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Fax: (815) 224-6091

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: (strongly recommended for electronic transcripts): _____

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 (only if faxing): _____

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 will send transcripts electronically when possible. If you do not want your transcript sent electronically, please note that on your transcript request.

Check One:

- ___ Pick up transcript now
- ___ Send electronically now (official)
- ___ Mail transcript now
- ___ Hold for final grades
- ___ After degree is awarded
- ___ Fax only (unofficial)
- ___ Do not send electronically

Office Use Only
Date Processed:

Electronic Batch
Processed: