

TRANSCRIPT REQUEST FORM

Transcript requests require a written authorization and will only be honored if all financial obligations with the College are clear. Request and payment will be returned if obligations exist.

Name: _____
 Last First Middle Maiden

Address: _____
 Number/Street City State Zip Code

Update Sauk Valley Records: _____YES _____NO

SSN or Sauk ID #: _____ Phone: (____) _____

Student Signature: _____ Date: _____

Transcript Request Information: (Please check one)

_____ **Send transcripts now!**

_____ **WAIT!** Send after current grades are posted (indicate month and year) _____ / _____

_____ **WAIT!** Send after degree is posted (indicated month and year) _____ / _____

Unofficial Copies (no charge) Quantity: _____

Official Copies (\$6.00 per copy) Quantity: _____

Payment **MUST** accompany request. **Faxed request must include credit card information.** (Fax: 815-456-4240)

Mail Transcripts To:

(One Address per Request-Must Provide Complete Address)

Send Transcripts Electronically:

<p>To have your Official Transcript sent electronically, please login to your Student Self Service Account at https://student.svcc.edu to make the request through the National Student Clearinghouse</p>
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03/12 For Office Use Only:		Date: _____
Cash	Credit Card	Check Number _____
Amount Received _____		Initials _____

Name: _____

Total Charge:\$ _____

Name of Card Holder: _____

Card Type: _____

Card Number: _____

Security Code _____
(back of credit card)

Exp. Date: _____