

Illinois State University
Office of the University Registrar

Transcript Request Form

The current fee for an official transcript is \$6.00 per transcript. If you choose to pay by check please make check payable to **Illinois State University**. To check on the status of a transcript request, or for further information please call (309) 438-2188. You may now pay for transcripts using your VISA, MasterCard, American Express, or Discover credit card. You may download this form and mail it to: **Illinois State University, Transcript Services, Campus Box 2207, Normal, IL 61790-2207.**

We are not able to process requests for students or alumni who have outstanding financial obligations with the University. If you suspect this is the case, please contact the Student Accounts Office at (309) 438-5643 before you send in your request. Do not call this number for information regarding a transcript request, or to check the status of your order.

Please note that we cannot complete your request without your remittance and signature.

Request for Official Name Change:

Due to the danger of identity theft, persons who wish to change their first, middle, or last names on their transcripts or diplomas must provide a copy of their marriage license, a court order, or a dissolution decree certifying their name change. Please send a Xerox copy of one of these documents with your written or faxed request. We cannot accept a copy of your current driver's license or social security card. Please be sure to sign this request. Without your signature, we cannot process your name change.

_____ (former name—please print clearly)

_____ (new name—please print clearly)

Legal Document in Support of Change: _____

_____ (signature)

Please complete the following:

Current Date: _____ Total Number Requested: _____ Daytime Phone #: _____

Were you enrolled at Mennonite College of Nursing prior to July 1, 1999? Yes No

Are you currently enrolled at Illinois State University? Yes No

Please check one:

Send immediately Send after recording current grades Send after recording degree

Name _____

Street Address _____

City _____ State _____ Zip code: _____

Date of Birth _____ University Identification No.* _____

Dates of Attendance or Graduation Date(s) _____

Maiden and/or all prior names _____
(even if you did not attend the University under that name)

Signature _____

Please check one:

VISA MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Check Enclosed

See next page for additional address fields.

<http://www.registrar.ilstu.edu/>

Note: If you have completed 37 or more semester hours and want your transcript to verify completion of Illinois Transferable General Education Core Curriculum, check here:

Please send my transcript to the following:

Number to be sent to this address: _____

Name (1)

Street Address

City State Zip Code

Number to be sent to this address: _____

Name (2)

Street Address

City State Zip Code

Number to be sent to this address: _____

Name (3)

Street Address

City State Zip Code

Number to be sent to this address: _____

Name (4)

Street Address

City State Zip Code

Reproduce this page for additional addresses. **Be sure to mail any additional pages with your request.**

***The University Identification Number (UID) is requested as the best and most effective way to uniquely identify you for the purpose of accurately processing and maintaining your educational records. This number is used as the student identification number and is restricted to internal University use. For any reports required by the Federal or State Government, and for the following: matching admission applications with ACT or GRE scores, matching admission status with financial aid, and for providing loan verification, we must use your social security number. For additional information or limited access of your social security number and/or UID, please notify the Office of the University Registrar, Campus Box 2202, Normal, IL 61790-2202 or (309) 438-2188.**