



# TRANSCRIPT REQUEST FORM

1001 W. 23<sup>rd</sup> Street, Sterling, IL  
 815-625-1495 ~ Fax 815-625-1625

ROE #47 must have an original signature to process this request. Students should print the form, complete, sign and return by fax or mail to the address listed at the top of this form. **Official transcripts must be on file.**

The transcript will be sent as a sealed Official Transcript to the institution or person indicated on this form. An unofficial transcript may be faxed if indicated on the request form.

**The processing time for this request may take upto 7-10 business days  
 (whether issued as official or unofficial)**

## STUDENT INFORMATION

<b>Name</b>	<b>First:</b>	<b>MI:</b>	<b>Last:</b>
<b>Address Line 1</b>			
<b>Address Line 2</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email</b>			
<b>Day Phone</b>		<b>Birth Date:</b>	
<b>SS#</b>			

## ATTENDANCE

**Date Tested:**

## REQUEST

<b>Unofficial Transcripts:</b> <input type="checkbox"/> Free	<b>Official Transcript:</b> <input type="checkbox"/> \$5.00	<b>Replacement Certificate:</b> <input type="checkbox"/> \$10.00
<b>Replacement Certificate/ Trans Both:</b> <input type="checkbox"/> \$15.00		<b>New Graduate (CBT):</b> <input type="checkbox"/> \$10.00

## MAIL TRANSCRIPT TO NAME AND ADDRESS BELOW

If transcripts are to be sent to more than one address, please list names and addresses of recipients on a separate sheet and attach to this form.

<b>Institution / Student Name:</b>			
<b>Address Line 1</b>			
<b>Address Line 2</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Student's Signature:</b>	<b>Date:</b>
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