



## Office of the Registrar Transcript Request Form

To request a transcript please complete this form and mail it along with your payment to: **IWU Office of the Registrar, P.O. Box 2900, Bloomington, IL 61702. Transcripts are \$10.00 per copy. Transcripts will not be mailed until full payment is received. We accept Cash, check and money orders.**

**We are not able to process requests for students or alumni who have outstanding financial balances with the University.**

The Registrar's Office is able to provide electronically delivered transcripts through Parchment. If request is to be sent electronic, please indicate in the send to: electronic delivery, Name/Organization/Institution, and email address. We will first look at the designated Parchment recipient list for the Name/Organization/Institution for the sender. If the sender is not listed in Parchment, only then will we send the transcript to the email address provided.

**Please select one:**

Current Student \_\_\_\_\_ Past Student\* \_\_\_\_\_

*\*Past students, list dates of attendance and/or graduation date \_\_\_\_\_*

**Please complete the following:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Maiden and/or all prior names \_\_\_\_\_

Social Security # \_\_\_\_\_ (if prior to 2005 entry) University ID# \_\_\_\_\_ (if after 2005 entry)

Current Address \_\_\_\_\_  
*Street City State Zip*

Date of Birth \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature \_\_\_\_\_

**Please select one:**

Send immediately \_\_\_\_\_ Send after recording semester grades \_\_\_\_\_ Send after recording degree \_\_\_\_\_

Will pick up on \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please send my transcript to the following:**

# of copies \_\_\_\_\_ Send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional transcripts to be sent*

Name \_\_\_\_\_

**Please send my transcript to the following:**

# of copies \_\_\_\_\_ Send to: \_\_\_\_\_  
\_\_\_\_\_  
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Reproduce this page for additional addresses. **Be sure to mail any additional pages with your request.**