

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

TRANSCRIPT REQUEST

Your Name	

Your Street Address	

Your City, State, and Zip Code	

Your Daytime Telephone Number and E-Mail Address	

_____	_____
Your Student Identification Number	Date of Birth

TRANSCRIPT FEE IS \$5.00 PER TRANSCRIPT.

Please allow a minimum of 5 working days for processing.

- ▶ The transcript fee should be paid at the Bursar's Office. Financial obligations to the University must be paid at the Bursar's Office before transcripts can be issued.
- ▶ Request will not be honored unless all required information on this form is completed.
- ▶ Transcripts issued to student will bear the notation "Issued to Student".
- ▶ If multiple transcripts are requested to the same recipient, they will be issued in one envelope unless you indicate in the Instructions for Processing Transcript section that you wish to have the transcripts issued in individually sealed envelopes.
- ▶ If you submit your transcript request by fax, you should submit payment by check or money Order payable to SIUE to the Office of the Bursar at the address shown with a note indicating Your payment is for a transcript request submitted by fax.

First Term Enrolled: _____

Last Term Enrolled: _____

Your Signature: _____

Request will not be filled unless this form is signed.

Total Number of transcripts requested: _____ Total charge @ \$5.00 per copy: _____

INSTRUCTIONS FOR PROCESSING TRANSCRIPT:

- If transcript(s) is a pick up or will be mailed to the student, mark this box if transcript(s) should be issued in individually sealed envelope(s) with the Registrar's signature across the flap of the envelope.
- Send transcript(s) by express mail. By checking this box you agree to pay the current Express Mail rate (\$16.50 as of May 2008) in addition to the \$5.00 transcript fee. Express mail rates for delivery outside the United States vary. Postal rates are subject to change. Check with the U.S. Postal Service for the exact charge.

Mark only one of the following:

- Process now
- Process after final grades:
_____ Term _____ Yr.
- Process after degree award:
_____ Term _____ Yr.
- Process after grade change:
Course Number: _____
_____ Term _____ Yr.

Mail with payment to:

SIUE, Office of the Bursar
Rendleman Hall, Room 1101
6 Hairpin Dr., P.O. Box 1042
Edwardsville, IL 62026-1042
Fax Number: (618) 650-3332 or 650-2081

Mark only one of the following:

- I will pick up. Allow 3 working days for processing. You must show a picture ID to pick up your transcript at the Service Center, Rendleman Hall Room 1309.
- Mail transcripts to the following recipient at the following address (one addressee per form):

