

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

TRANSCRIPT REQUEST

| | | | |
|---|-----------------|------------------------------|-------------------|
| _____ Your Name: First | _____ Middle | _____ Last | _____ Previous |
| _____ Your Street Address | | | |
| _____ Your City | | _____ State | _____ Zip Code |
| _____ Your Daytime Telephone Number | | _____ Your E-Mail Address | |
| _____ Your Student Identification Number (If not provided may delay processing) | | _____ Your Date of Birth | |

SIGN HERE: _____
Request will not be processed unless this form is signed.

INSTRUCTIONS FOR PROCESSING TRANSCRIPT:

Mark only one of the following:

- Process now.
- Process after degree award:
_____ Term _____ Yr.
- Process after current term grades:
 Check here if you are expecting early grades
for courses which end prior to term end.
_____ Term _____ Yr.
- Process after grade change:
Course Number: _____
_____ Term _____ Yr.

Special Instructions:

- Check here if you do NOT want transcript(s)
sent to the student to be sealed in separate
envelope(s).

NOTE: Electronic and FedEx delivery
transcripts can only be ordered through
Credentials, Inc., accessed through
CougarNet or at:
[https://www.credentials-
inc.com/tplus/?ALUMTRO001759](https://www.credentials-inc.com/tplus/?ALUMTRO001759)

TRANSCRIPT FEE IS \$5.00 PER COPY.

Please allow a minimum of 3-5 working days for processing.

- ▶ Financial obligations to the University must be paid at the Bursar's Office, Rendleman Hall, room 1101 or online at www.siu.edu/bursar/ before transcripts can be issued.
- ▶ Multiple transcripts requested to be sent to the student will be issued in separately sealed envelopes.
- ▶ For transcript requests submitted by fax, payment may be made at:
the Office of the Bursar or paid online at: www.siu.edu/bursar/

Enrolled before 1984: ____ YES ____ NO

Enrolled current term: ____ YES ____ NO

Total number of transcripts for this request: _____ Total charge @ \$5.00 per copy: _____

Mail with payment to:

SIUE Office of the Bursar
P.O. Box 1042
Edwardsville, IL 62026-1042
Fax #: 618/650-3332 (preferred) or 650-2081

Mark only one of the following:

- I will pick up. Allow 3-5 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*):

Name of Organization/Individual: _____

Address: _____
