



Request for SIC Transcript

Student Records 3575 College Road Harrisburg, IL 62946
Telephone: 618-252-5400 ext. 2453 Fax: 618-252-3062

Email Address	Student ID # (if known)	Date of Birth	Approximate Dates of Attendance
Last Name	First Name	Initial	Previous Name(s)
Current Address	City	State	Zip Code

By this signature, I agree to the release of my academic records to the recipient indicated below:

Signature	Date
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Name or Office: _____

Institution or Business: _____

Mailing Address: _____

City/State/Zip: _____

Check **all** that apply:

- _____ Hold for _____ semester's grades
- _____ Hold for grade change in _____
- _____ Hold for degree/certificate to be posted
- _____ Please mail
- _____ I will pick up the transcript

How many copies? _____ Official Transcript (\$5.00) _____ Student Copy (free)

Please allow **at least** two business days for processing. Will be processed in the order received.

Visa () Mastercard () Discover () Credit Card Number _____ Expiration Date _____ Verification # _____ Amount of Charge _____ Cardholder Phone# _____	Please include debit or credit card info if faxing a request. Amount paid: _____
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Credit card information is shredded after the payment has been accepted.