

Transcript Request Form

Office of Records & Registration 2400 Tom L Wilson Blvd. Galesburg, IL 61401

Phone: 309-341-5237 Fax: 309-344-3291

Email: transcripts@sandburg.edu

Today's Date:				
(Last Name)	(First Name)	(M.I.)	(Maiden Name – if applicable)	
Birthdate:	Last 4 of SS# or Sandburg ID:			
Current Phone Number:				
Current Mailing Address:				
(Si	treet) 	(Apartment/Unit)		
(City)		(State)	(ZIP Code)	
Please update my address and	d/or phone number: 🗆 YE	S 🗆 NO Nun	nber of copies requested:	
Email address for ELECTRON	IC delivery only:			
INCLUDE FULL NAME AND MAILI	NG ADDRESS. Note: THE CO	LLEGE MAY CONTACT Y	OU TO VERIFY MAILING ADDRESS OF RECIPIENT	
Send Transcript To:		Please send transcripts now		
		When Grades are Posted		
	_	When Degree/Certificate is Posted		
	_	Pick up transcript now		
	_			
	-		e only if you were a student before 1985	
	-		script for employment purposes. Transcripts will y to the employer.	
REQUESTOR'S SIGNATURE:			,	
employers, regardless of a student's student has an outstanding debt to t debt is paid. When the financial oblig	oct (Public Act 102-0998), Carl Sa unpaid debt. The College can als he College, the College cannot is gation has been cleared, we will	andburg College will issue so issue <i>unofficial</i> transcri _l ssue <i>official</i> transcripts for be happy to issue both off	n(s) above. official transcripts to current or prospective ots to directly to students as requested. However, if a reasons other than employment until the student's ficial and unofficial transcripts to the student and any balance, please contact the Business Office at (309)	
Transcripts will	be sent electronically whenever	er possible through Parch	ment® to in-network recipients.	
	For offi	ice use only		
Transcript was sent:		Mailed:	Faxed:	
Processed by:		Parchment:	Picked up:	