



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 \$5.00 per copy for the first three and \$3.00 per copy starting with the fourth copy.

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

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

Daytime phone _____ Other 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: _____

See next page if you are sending transcripts to more than one address.

Additional transcripts to be sent

Name _____

Please send my transcript to the following:

of copies _____ Send to: _____

.....

of copies _____ Send to: _____

.....

of copies _____ Send to: _____

.....

of copies _____ Send to: _____

Reproduce this page for additional addresses. **Be sure to fax or mail any additional pages with your request.**