

Transcript Request Form
Illinois Valley Community College

Admissions and Records
815 N. Orlando Smith Road
Oglesby, IL 61348-9692
Fax: (815) 224-6091

Last Name: _____ First Name: _____

Previous Last Name (if applicable): _____

Social Security/Student ID Number: _____

Student Information:

Last Date of Attendance at IVCC: _____ Birth Date: _____

Current Mailing Address: _____

City, State, Zip _____ Phone #: _____

Email address: (strongly recommended for electronic transcripts): _____

Signature: _____ Date: _____

Send Transcript to:

For a personal transcript, check here

Complete name of person or institution to send the transcript to: _____

Department (if applicable): _____

Address: _____

City, State, Zip: _____

Fax number (only if faxing): _____

Number of copies requested: _____ (limit 5)

The College will not forward an academic transcript if financial requirements (tuition, library fines, athletic equipment fees, etc.) and/or academic record conflicts have not been resolved to the satisfaction of Illinois Valley Community College.
IVCC will send transcripts electronically when possible. If you do not want your transcript sent electronically, please note that on your transcript request.

Check One:

Pick up transcript now

Send electronically now (official)

Mail transcript now

Hold for final grades

After degree is awarded

Fax only (unofficial)

Do not send electronically

Office Use Only
Date Processed: _____

Electronic Batch
Processed: _____