



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 \$32.00 per copy. Transcripts will not be mailed until full payment is received. We accept Cash, check and money orders.**

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

The Registrar's Office is able to provide electronically delivered transcripts through eScripSafe. If request is to be sent electronic, please indicate in the send to: electronic delivery, Name/Organization/Institution, and email address. We will first look at the designated eScripSafe recipient list for the Name/Organization/Institution for the sender. If the sender is not listed in eScripSafe, only then will we send the transcript to the email address provided.

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 _____ (mm/dd/yy)

Please send my transcript to the following:

of copies _____ Send to: _____

Additional transcripts to be sent

Name _____

Please send my transcript to the following:

of copies _____ Send to: _____

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of copies _____ Send to: _____

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of copies _____ Send to: _____

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of copies _____ Send to: _____

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