



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* Date of Birth

*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 # University ID#

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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