



**CARL
SANDBURG
COLLEGE™**

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

Last Name:

First Name:

Maiden Name:

Birthdate:

Last 4 of SS# or Sandburg ID:

Today's Date:

Current Phone Number:

Current Mailing Address:

Please update my address and/or phone number:

Number of copies requested:

Email address for electronic delivery only:

Send Transcript To:

_____ Please send transcripts now

_____ When Grades are Posted

_____ When Degree/Certificate is Posted

_____ Pick up transcript now

_____ Please check here only if you were a student before 1985

Note: THE COLLEGE MAY CONTACT YOU TO VERIFY MAILING ADDRESS OF RECIPIENT

REQUESTOR'S SIGNATURE:

I authorize Carl Sandburg College to release my academic transcript to the institution or person(s) above.

Financial obligations to the college must be satisfied before a transcript will be issued. Transcripts are normally processed within 1 to 2 business days. Please allow two (2) weeks at the end of the term for a transcript to be sent. Transcripts will be sent electronically whenever possible through Parchment® to in-network recipients.

-----**For office use only**-----

Transcript was sent: _____

Mailed:

Faxed:

Processed by: _____

Parchment:

Picked up:

Students full ID number: _____

Last year of attendance: _____