**Transcript Request Form**

 Office of Records & Registration

2400 Tom L Wilson Blvd. Galesburg, IL 61401

Fax# 309-344-3291

Email: transcripts@sandburg.edu

Last Name: First name: Maiden Name:

Last 4 of SS# or Sandburg ID: Birthdate:

Current Mailing Address:

Phone Number: Date:

Please update my address and/or phone number:

Number of copies requested:

Email address (for electronic receipt only):

**(Notification of transcript processing will be by email 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 eSCRIP-SAFE® to network recipients.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For office use only**

**Transcript was sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Mail by fax**

**Processed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**by ScriptSAFE picked up**