South Suburban College
15800 South State Street
South Holland, IL 60473
Phone: 708-596-2000, ext. 2326 Fax: 708-225-5806

Request for Transcript of Academic Record

1. Please print with Black ink only
2. Please fill out one form for each address needed
3. If signature line is not completed, transcript will not be released
4. ***Please keep in mind, ONLY COURSES WITH COMPLETED GRADES WILL APPEAR***
5. Fees must be paid with request before transcript will be released

Last Name | First Name | MI | Student ID or Social

Street Address | City | State | Zip Code

Home Phone | Alternate Phone | Last Term of Attendance

Please check all that apply:

☐ Credit ☐ Non-Credit (Personal Interest Courses) ☐ Both (credit and non-credit) ☐ When degree/certificate has been posted_____
☐ Send Placement Test Scores: Yes_____ No_____ ☐ End of Current Term (after grades have been posted)

Signature (Authorizes release of information) Date

☐ **Mail To** (Student is responsible for this information) ☐ **Mail To** address listed above
If address is incorrect; requestor is responsible for payment of another transcript

Name of College/Institution Attention

Street Address City State Zip

Transcript requests will be processed within three business days from the date received. All transcripts are mailed out.
If you need your transcript immediately, we would be happy to assist you. See additional fees below.
All same day and overnight requests must be received before 2 p.m. in order to be processed that same day

YOU MUST SELECT ONE

☐ **TRANSCRIPT MAILED** **$ 5.00** (per copy)

☐ **SENDING TRANSCRIPT CERTIFIED MAIL**

Cost per Transcript	$5.00
Additional fee for same day processing	$15.00
Additional fee for certified mail	$10.00
Total Due	**$30.00**

☐ **IMMEDIATE TRANSCRIPT**

Cost per Transcript	$5.00
Additional fee for same day processing	$15.00
Total Due	**$20.00**

☐ **OVERNIGHT TRANSCRIPT**

Cost per Transcript	$5.00
Additional fee for same day processing	$15.00
Additional fee for overnight FED EX	$15.00
Total Due	**$35.00**

Official Transcript (s) Quantity _____ **and/or Unofficial Transcript (1 free)** _____ **Total Amount Due** _____

Official Use Only

☐ Cash ☐ Check #_____

☐ VISA ☐ MasterCard ☐ Discover - Credit Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Exp. Date:_____

Money processed by_____ Date_____

Transcript printed by_____ Date_____

Revised 11/2011

Notice: the enclosed transcript of record is being forwarded on the condition that it cannot be released in whole or part to any other individual without the written consent of the individual to whom it pertains, in accordance with the Family Educational Rights and Privacy Act of 1974.