

**Request for Official Transcript of Academic Record**

Request can only be made by student unless other authorization is requested in writing.

Last Name	First Name	MI	Student ID or Social
Home Phone	Alternate Phone	Last Term of Attendance	

Please check all that apply: ☐ Credit ☐ Non-Credit (Personal Interest Courses) ☐ Both (credit and non-credit)☐ Hold request until degree/certificate is posted (include cert/degree name): _____☐ Hold request until the end of term specified and final grades: Fall _____ Spring _____ Summer _____Mail To: ****If address listed is incorrect; requestor is responsible for payment of an additional transcript****

Name or College/Institution _____ Attention _____

Street Address _____ City _____ State _____ Zip _____

- A transcript will be processed only if a student's account is clear of outstanding financial balances.
- Transcript requests will be processed within three business days **after payment has been secured and processed.**
- All transcripts are mailed out unless purchasing an immediate same day transcript.
- **South Suburban College can only verify date transcript was mailed and is not responsible for transcript delivery once paperwork leaves our building.**
- All same day and overnight requests must be received before 2 p.m. in order to be processed that same day.

<input type="checkbox"/> TRANSCRIPT FEE MAIL OUT	\$5.00	<input type="checkbox"/> CERTIFIED MAIL (No PO Box)	\$10.00 Additional fee
<input type="checkbox"/> IMMEDIATE IN PERSON ONLY	\$15.00 Additional fee	<input type="checkbox"/> OVERNIGHT via FEDEX (No PO Box)	\$15.00 Additional fee

Official Transcript (s) Quantity _____ Total Amount Due _____

Please allow 7 – 10 business day for transcript to be delivered via US Postal Service.

Student Signature Required _____ Date _____

Signature authorizes the release of your information and agreement to all of the terms/conditions described.

Payment must be fulfilled below before transcript/s will be printed.

Payment Information	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Credit Card Number: _____					
Exp. Date: _____ CCV# _____					

Official Use Only

Payment processed by _____ Date _____ Transcript printed by _____ Date _____

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.