



South Suburban College

15800 South State St. • South Holland, IL 60473 • 708-596-2000, ext. 2326 Fax: 708-225-5806

Request for Official Transcript of Academic Record

1. Please print with Black ink only.
2. Please fill out one form for each address needed.
3. Please keep in mind, ONLY COURSES WITH COMPLETED GRADES WILL APPEAR
4. Request can only be made by student unless other authorization is requested in writing.

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:		<input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit (Personal Interest Courses) <input type="checkbox"/> Both (credit and non-credit)	
<input type="checkbox"/> Send transcript now <input type="checkbox"/> Hold request until the end of term specified and final grades: _____ Fall _____ Spring _____ Summer 20 _____ <input type="checkbox"/> Hold request until degree/certificate is posted (include cert/degree name): _____			

You must select one: **If any address listed is incorrect: requestor is responsible for payment of an additional transcript**

Mail to Student address listed above Mail to Institution Address listed below (requestor must provide)

Name of College/Institution	Attention		
Street Address	City	State	Zip

<input type="checkbox"/> TRANSCRIPT MAILED	\$5.00
<input type="checkbox"/>	
IMMEDIATE TRANSCRIPT	\$5.00
Additional fee for same day processing	\$15.00
Total Due	\$20.00
<input type="checkbox"/>	
CERTIFIED MAIL TRANSCRIPT	\$5.00
Additional fee for same day processing	\$15.00
Additional fee for certified mail	\$10.00
Total Due	\$30.00
<input type="checkbox"/>	
OVERNIGHT TRANSCRIPT	\$5.00
Additional fee for same day processing	\$15.00
Additional fee for overnight FEDEX	\$15.00
Total Due	\$35.00

Official Transcript (s) Quantity _____ Total Amount Due _____

Student Signature Required (Authorizes release of information)

Date

Payment:

If you are submitting your transcript request by fax, please provide your credit card information below.

If you are submitting your transcript request by mail, please provide credit card information below *OR* include a check or money order.

Official Use Only

Cash Check # VISA MasterCard Discover

Credit Card Number: _____ Exp. Date: _____ CCV# _____

Money processed by _____ Date _____ Transcript printed by _____ Date _____