# STUDENT TRANSCRIPT/VERIFICATION REQUEST FORM

Use this form to request a student transcript or student verification of attendance for the following schools in Illinois that no longer provide academic instruction: **American Conservatory of Music, Chicago**, **Lexington College** and **Northland College**. We cannot confirm over the phone that we have records for a specific student. We cannot verify over the phone education or graduation dates. Transcripts are processed on a first-come, first served basis. This applies to all requests, regardless of how they reach us. Requests are logged in a queue and are filled in that order. For that reason, walk-in requests will not be processed while the person waits.

There is NO fee for each transcript or verification requested for the aforementioned transcripts. However, IBHE requires a RETURN ADDRESSED, STAMPED BUSINESS SIZE #10 ENVELOPE for ALL transcript requests. *

## School & Student Information. Please print clearly:

<table>
<thead>
<tr>
<th>Circle School Name</th>
<th>American Conservatory of Music, Chicago</th>
<th>Lexington College</th>
<th>Northland College</th>
</tr>
</thead>
</table>

### Student's Full Name While Attending the School: __________________________________________

Student ID # or Last Four Digits of Social Security #: ______________________________________

School Address: _______________________________________________________________________

Dates of Attendance: _____________ to _____________

Student’s Current Name: ________________________________________________________________

Email Address: ______________________________________________________________________

Address: ___________________________________________________________________________

Phone #: ___________________________________________________________________________

City: ______________________________________________________________________________ State: ______________ Zip Code: ______________

### Student Signature: ____________________________________________ Date: _________________

**Recipient:** Complete this section only when the transcript needs to be sent to an address other than the student’s (e.g., college or employer) or when a third party is submitting this request. The IBHE cannot process a third party request without a signed student authorization form; the request and payment will be returned if authorization is not provided.

Name: _______________________________________________________________________________

Organization: _________________________________________________________________________

Mailing Address: ______________________________________________________________________

City: ______________________________________________________________________________ State: ______________ Zip Code: ______________

REQUESTS MUST INCLUDE THIS FORM AND A POSTAGE-PAID, ADDRESSED ENVELOPE IN ORDER TO BE PROCESSED. SEE DIRECTIONS BELOW.

* Transcripts cannot be sent by fax or email. All records are copies only. Incomplete requests delay processing time.

**Mail To:** Illinois Board of Higher Education  
Degree-Granting Transcript Request  
1 N. Old State Capitol Plaza, Suite 333  
Springfield, IL 62701
**SASE= Self Addressed Stamped Envelope

Address this envelope to where you want the records sent—yourself or another school/employer.

(This is the SASE you must fold and insert)

Your Address
123 Yourstreet
Yourstown, State ZIP

Fold

You must put adequate postage on BOTH envelopes!

Insert the first envelope into one with MY address.

Your Return Address

ILLINOIS BOARD OF HIGHER EDUCATION
DEGREE GRANTING TRANSCRIPT REQUEST
1 N. OLD STATE CAPITOL PLAZA, SUITE 333
SPRINGFIELD, IL  62701-1377