



Use this form to request a student transcript for the following schools in Illinois that no longer provides academic instruction: see list below. 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. All records are copies only.

**Fees:** There is NO fee associated with this transcript request.

**Procedure:** If requesting a transcript to be returned to the former student, please include a SELF-ADDRESSED, STAMPED BUSINESS SIZE #10 ENVELOPE. If requesting a transcript to be delivered to background verification, place of employment, or educational institution, please complete the **Recipient** portion of the form below and IBHE will fulfill the request.

**School & Student Information.**

School Name:

- American Conservatory of Music, Chicago
- Chicago Conservatory College
- Coyne College
- Illinois School of Professional Psychology
- J'Renee Career Facilitation
- Knowledge Systems Institute
- Lexington College

- Lincoln College
- MacMurray College (Pre-1990 records only)
- Midstate College (Pre-2001 records only)
- Morthland College
- SOLEX College
- Northwestern College/Northwestern Business College
- Other: \_\_\_\_\_

**Student's Full Name While Attending the School:**

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

School Address:

Approximate Dates of Attendance:

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, A PHOTOCOPY OF DRIVERS LICENSE, AND A POSTAGE-PAID, ADDRESSED ENVELOPE FOR REQUESTS RETURNING TO STUDENT IN ORDER TO BE PROCESSED. INCOMPLETE REQUESTS DELAY PROCESSING TIME**

\* Transcripts cannot be sent by fax.

**Mail To:** Illinois Board of Higher Education

Degree-Granting Transcript Request

1 N. Old State Capitol Plaza, Suite 333 Springfield, IL 62701