



Illinois Board of Higher Education

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: **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.

Fees: 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:

Circle School Name:

American Conservatory of Music, Chicago

Chicago Conservatory College

Coyne College

Illinois School of Professional Psychology (ISPP is a part of Argosy)

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

Other: ____ (email transcripts@ibhe.org before submitting) *

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

*** Transcripts cannot be sent by fax. All records are copies only.**

Mail To: Illinois Board of Higher Education

Degree-Granting Transcript Request

1 N. Old State Capitol Plaza, Suite 333

Springfield, IL 62701