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) 
Northland 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

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