



# 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

Lexington College

MacMurray College (Pre-1990 records only)

Midstate College

Morthland College

SOLEX College

**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