



Illinois Board of Higher Education

JB Pritzker, Governor
John Atkinson, Chair • Nyle Robinson, Interim Executive Director

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, Argosy University, Chicago, and Schaumburg, Lexington College, Midstate College, Morthland College, The Illinois Institute of Art, Chicago, Schaumburg and Tinley Park and Vatterott 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.

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
Argosy University, Chicago
Argosy University, Schaumburg
Lexington College
Midstate College

Morthland College
The Illinois Institute of Art, Chicago
The Illinois Institute of Art, Schaumburg
The Illinois Institute of Art, Tinley Park
Vatterott 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