

## TRANSCRIPT REQUEST FORM

Transcript requests require a written authorization and will only be honored if all financial obligations with the College are clear. Request and payment will be returned if obligations exist.

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Address: \_\_\_\_\_  
Number/Street
City
State
Zip Code

**Update** Sauk Valley Records:  YES  NO

SSN or Sauk ID #: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transcript Request Information:** (Please check one)

Send transcripts **now!**

**WAIT!** Send after current grades are posted (indicate month and year) \_\_\_\_ / \_\_\_\_

**WAIT!** Send after degree is posted (indicated month and year) \_\_\_\_ / \_\_\_\_

**Unofficial Copies (no charge)** Quantity: \_\_\_\_\_

**Official Copies (\$6.00 per copy)** Quantity: \_\_\_\_\_

Payment **MUST** accompany request. **Faxed request must include credit card information.** (Fax: 815-456-4240)

**Mail Transcripts To:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(One Address per Request-Must Provide Complete Address)

**Send Transcripts Electronically:**

To have your Official Transcript sent electronically, please login to your SOAR Account (Sauk Online Access to Records) at <https://soar.svcc.edu> to make the request through the National Student Clearinghouse

<b>03/12 For Office Use Only:</b>		Date: _____
Cash	Credit Card	Check Number _____
	Amount Received _____	Initials _____

Name: \_\_\_\_\_

**Total Charge:\$** \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Code \_\_\_\_\_  
(back of credit card)

Exp. Date: \_\_\_\_\_