TRANSCRIPT REQUEST FORM

McKendree University (Formerly McKendree College)
Office of Academic Records
701 College Road
Lebanon, IL 62254
FAX: 618-537-6595/PHONE: 618-537-6818

Please note that transcripts are processed every Friday. Requests received by Thursday afternoon will be sent that week.

❑ Send immediately
❑ Send after grades are posted for _____ term
❑ Send after degree is posted

Currently enrolled at McKendree: ❑ Yes ❑ No
or date last attended: _____
or Graduation date: _____

The Federal Student Right-To-Know Act of 1991 requires that Universitys and universities report data on the exit status of students. In order for us to be able to comply with these provisions of the act, *currently enrolled students* are asked to indicate below their anticipated exit status (ignoring any temporary periods, such as summer vacation). Please check all that apply:

❑ transcript for summer school (course(s) to be transferred back to McKendree)
❑ transcript for graduate school
❑ transcript for transfer and acceptance to another undergraduate institution
❑ do not expect to continue undergraduate education
❑ expect to continue at McKendree University
❑ expect to graduate this academic year
❑ expect to transfer to another institution
name of institution:_____

All Financial Obligations Must be Cleared before Requests can be Processed

McKendree University does not require payment for transcripts. However, all other financial obligations a student may owe must be cleared before a transcript will be sent.

_____ OFFICIAL TRANSCRIPTS _____ UNOFFICIAL TRANSCRIPTS

Requestor Information (Please print or type clearly): **Today's Date: _____**

Social Security Number: _____ Birth Date: _____ Phone Number: _____

Name:
_____
Last First Middle (Maiden)

Address:
_____

City: _____ State: _____ ZIP Code: _____

Written Signature: _____ (Request will not be processed without written signature)

❑ Mail transcript(s) to: ❑ I wish to pick up my transcript(s) [Transcripts will be ready Friday afternoon after 3:00 PM.]

(Include department or name of person in address. *Requestor is responsible for address.*)

Transcript #1:

_____
_____
_____
_____

Transcript #2:

_____
_____
_____
_____

For Office Use Only: Date request received: _____ Date transcript mailed: _____