

Transcript Request Form



**CARL
SANDBURG
COLLEGE™**

Office of Records & Registration
2400 Tom L Wilson Blvd. Galesburg, IL 61401
Fax# 309-344-3291
Email: transcripts@sandburg.edu

Name: _____
Last First MI Maiden

Last 4 of SS# or Sandburg ID _____ Birthdate _____

Current Mailing Address _____

Phone Number _____ Date: _____

Please update my address and/or phone number _____

Number of copies requested _____

Email address (for electronic receipt only) _____
(Notification of transcript processing will be by email only)

*A separate form must be provided for each additional address or institution.

Send Transcript To: name & complete address required

- _____ Please send transcripts now
- _____ When Grades are Posted
- _____ When Degree/Certificate is Posted
- _____ Pick up transcript now
- _____ Please check here only if you were a student before 1985

Note: YOU ARE RESPONSIBLE FOR MAILING ADDRESS

REQUESTOR'S SIGNATURE: _____

I authorize Carl Sandburg College to release my academic transcript to the institution or person(s) above.

Financial obligations to the college must be satisfied before a transcript will be issued. Transcripts are normally processed within 1 to 2 business days. Please allow two (2) weeks at the end of the term for a transcript to be sent. Transcripts will be sent electronically whenever possible through eSCRIP-SAFE® to network recipients.

For office use only

Transcript was sent: _____ by Mail by fax
Processed by: _____ by ScriptSAFE Picked up