



# Transcript Request Form

Date of Request \_\_\_\_\_

Student Name \_\_\_\_\_ SS# (last 4 digits only) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature for Release of Grades \_\_\_\_\_

If sending transcript to a different address than above, please indicate below:

### Method of Payment

**NOTE:** A fee of \$10--which must accompany transcript request--will be charged for each official transcript.

Number of Copies \_\_\_\_\_ Payment is enclosed in the amount of \$ \_\_\_\_\_.

Check payable to Financial Education Services

Please Charge to:  VISA  MasterCard  Discover  AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

FAX completed form with credit card information to 312-922-0518  
OR

MAIL completed form with check payable to:

**Financial Education Services  
c/o Illinois Bankers Association  
194 E. Delaware Place, Suite 500  
Chicago, Illinois 60611**

Please allow at least two weeks for processing.  
Any Questions? Call 800-878-BANK (2265)

**Accounting Information**

Date Processed: \_\_\_\_\_

Account Number: 5000-5000-4850