



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