

Transcript Request Form

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

MVConnect ID Number or Last Four Digits of Social Security Number

Name (LAST, FIRST)

Maiden Name or Former Name

Date of Birth

Home Phone

Cell Phone

Student Signature

Preferred Email **(print clearly)** *Required for notification that electronic transcript has been delivered, opened, when and by whom.*

Processed in five to seven business days upon receipt.

Fee: \$7 per transcript • No. of copies _____

Transcript Request Information *(Please check one)*

____ Send transcripts now! **Will not include grades for current semester.**

____ WAIT! Send after current grades are posted **(fill in year)** FA _____ SP _____ SU _____

____ WAIT! Send after degree is posted **(fill in year)** FA _____ SP _____ SU _____

Send electronically via eSCRIP-SAFE:

Organization within eSCRIP-SAFE network

(Check the following link for network recipients:)

<http://www.scrip-safe.com/products/electronic-transcripts/network-members.aspx>

Name

Outside of eSCRIP-SAFE network:

Recipient's Name

Email Address **(print clearly)**

Mail Transcripts to:

Organization or individual

Address

One address per request. Must provide complete address.

Mailing your form?

Pay by check or money order payable to **Moraine Valley.**

Send to: Transcripts, Moraine Valley Community College
9000 W. College Parkway
Palos Hills, IL 60465

For Office Use Only

Electronic Mailed: