

**Registrar's Office** registrar.siu.edu

## **Transcript Request Form**

\*This will not include work taken through the SIU School of Law. Please visit www.law.siu.edu to request these transcripts. To request a transcript: Fill out this form and mail it along with a check or money order made payable to SIU.

Transcripts are \$5 per copy. Our mailing address is: Southern Illinois University Carbondale Attn Transcripts Student Services Building Room 0251 Mailcode 4701 Carbondale, IL 62901-4701

Questions? Please call 618-453-3609 or e-mail trnscrpt@siu.edu

act Namo						
t Name: First Name:			Middle Name:			
Naiden or other names of attendar		Date of Birth:				
Dawg Tag:	Dates of Attendance:					
aytime Phone:	E-mail address:					
treet:	City:			State:	Zip:	
	Delivery Address for T	Transcript(s)				
ame:				Number of copies to	this address:	
ity:				State:	Zip:	
	Delivery Address for T	Transcript(s)				
ame:				Number of copies to	this address:	
ddress:						
				Stato	7in:	
				State:	Zip:	
rocessing Options (Must Choose C	One)					
Mail Immediately (Current	t term grades and/or degree may not appear on t	ranscript)				
Hold for Degree Posting	J		If yes,	, indicate Graduation	Date	
Hold for Grade Posting			<b>I</b> f yes,	, indicate semester		
Hold for Grade Change			<b>I</b> f yes	indicate course name	e and #	
tudent Signature: (REOLURED)						
*Your Social Security N	Number is optional but recommended and v	will prevent p	otentia	ıl delays in processi	ng your request.	