



SOUTHERN ILLINOIS UNIVERSITY
**OFFICE OF
THE REGISTRAR**

Request To Release Unofficial Transcript

- By signing below, I authorize SIUC to release a copy of my unofficial transcript to myself.

Name (print): _____
(Last) (First)

DawgTag or Student ID Number: _____

Please choose **ONE** of the following options:

E-mail Unofficial Transcript:

Pick Up Unofficial Transcript:

Mail Unofficial Transcript:

Mailing / E-mail Address: _____

*Unofficial SIUC transcripts will *only* be mailed/e-mailed to the student or released to the student in person with photo ID.

Signed: _____ Date: _____

By signing, I verify that I have picked up my unofficial transcript.

Signed: _____ Date: _____