



ILLINOIS BOARD OF HIGHER EDUCATION
1 NORTH OLD STATE CAPITOL PLAZA, SUITE 333
SPRINGFIELD, ILLINOIS 62701-1377

Use this form to request a student transcript for the following schools in Illinois that no longer provide academic instruction: see list below. We cannot confirm over the phone that we have records for a specific student. We cannot verify over the phone education or graduation dates. Transcripts are processed on a first-come, first served basis. This applies to all requests, regardless of how they reach us. Requests are logged in a queue and are filled in that order. For that reason, walk-in requests will not be processed while the person waits. All records are copies only.

Fees: There is NO fee associated with this transcript request.

Procedure: If requesting a transcript to be returned to the former student, please include a SELF-ADDRESSED, STAMPED BUSINESS SIZE #10 ENVELOPE. If requesting a transcript to be delivered to background verification, place of employment, or educational institution, please complete the **Recipient** portion of the form below and IBHE will fulfill the request.

School & Student Information.

School Name:

American Conservatory of Music, Chicago
Chicago Conservatory College
Coyne College
Illinois School of Professional Psychology
J'Renee Career Facilitation
Knowledge Systems Institute
Lexington College

Lincoln College
MacMurray College (Pre-1990 records only)
Midstate College (Pre-2001 records only)
Morthland College
SOLEX College
Northwestern College/Northwestern Business College
Other: _____

Student's Full Name While Attending the School:

Student ID # or Last Four Digits of Social Security #:

Date of Birth:

School Address:

Approximate Dates of Attendance:

Student's Current Name:

Email Address:

Address:

Phone #:

City:

State:

Zip Code:

Student Signature:

Date:

Recipient: Complete this section only when the transcript needs to be sent to an address other than the student's (e.g., college or employer) or when a third party is submitting this request. The IBHE cannot process a third-party request without a signed student authorization form; the request and payment will be returned if authorization is not provided.

Name:

Organization:

Mailing Address:

City:

State:

Zip Code:

REQUESTS MUST INCLUDE THIS FORM, A PHOTOCOPY OF DRIVERS LICENSE, AND A POSTAGE-PAID, ADDRESSED ENVELOPE FOR REQUESTS RETURNING TO STUDENT IN ORDER TO BE PROCESSED. INCOMPLETE REQUESTS DELAY PROCESSING TIME

Mail To: Illinois Board of Higher Education
Degree-Granting Transcript Request
1 N. Old State Capitol Plaza, Suite 333
Springfield, IL 62701