

TRANSCRIPT REQUEST



*School for Advanced Learning
190 Prospect Avenue
Elmhurst, Illinois 60126-3296*

*630.617.3030 telephone
800.581.4723 toll free
630.617.6471 fax
gradadm@elmhurst.edu e-mail*

To the applicant:

Use this form to request that a copy of your college/university transcript be sent to Elmhurst College. Additional photocopies may be made as needed.

To the registrar/records office:

college/university

number and street

city

state

zip

Check one or both:

☐ Please send one (1) official copy of my transcript to: School for Advanced Learning
Elmhurst College
190 Prospect Avenue
Elmhurst, IL 60126-3296

☐ Please send one (1) copy of my transcript to me.

Amount enclosed: \$ _____ (Please telephone previous college/university to determine transcript fee prior to mailing this form.)

☐ Ms. ☐ Mr. _____
last name first middle

maiden name, if applicable

U.S. Social Security number

number and street

city

state

zip

dates of attendance

degrees earned, if any

signature

date