



# Illinois Board of Higher Education

JB Pritzker, Governor  
John Atkinson, Board Chair

## STUDENT TRANSCRIPT/VERIFICATION REQUEST FORM

Use this form to request a student transcript or student verification of attendance for a Private Business and Vocational School (PBVS) in Illinois that is no longer providing academic instruction. 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.

**Fees: There is a \$10 charge for each transcript or verification requested.** The fee can be paid via check, money order, or cashier's check. **NO CASH. IBHE requires a RETURN ADDRESSED, STAMPED BUSINESS SIZE #10 ENVELOPE for ALL transcript requests.** \*Please note that payments made by check may delay processing time.

### School & Student Information. Please print clearly:

School Name: \_\_\_\_\_

Student's Name While Attending the School: \_\_\_\_\_

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

School Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

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: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_ X \$10.00 = \$ \_\_\_\_\_

**REQUESTS MUST INCLUDE THIS FORM, FEE, AND A POSTAGE-PAID, ADDRESSED ENVELOPE IN ORDER TO BE PROCESSED. INCOMPLETE REQUESTS DELAY PROCESSING TIME.**

**\* Transcripts cannot be sent by fax or email. All records are copies only.**

**Fees payable to:** Illinois Board of Higher Education

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

10/1/2017