



TRANSCRIPT REQUEST FORM

University of St. Francis Registrar's Office
500 Wilcox Street, Joliet, IL 60435
Phone: (815) 740-3392 or (800) 736-6300 Fax: (815) 740-5084
Email: REGISTRAR@STFRANCIS.EDU

Transcript fee: \$5 per copy (Payment must accompany the request or it will be returned.)
You MUST complete steps 1- 6 unless instructed otherwise. Incomplete forms will be returned.

Step 1:
Current name and address:

Last First Middle

Street Address

City State Zip

Name while attending if different than current name:

USF ID Number or Social Security Number:

Birth Date: ____/____/____

Home Phone: () _____

Daytime Phone: () _____

Email: _____

Step 3:
Number of transcripts requested: _____
 (1st transcript *after USF degree is awarded* is free)
Amount Due (# of transcripts X \$5): _____

Form of Payment (check one):
 Cash Check Credit Card*
*(VISA, Master Card, or Discover)

Credit Card Number: _____

Expiration Date: _____

STEP 4:
Student Signature (required):

Date: _____

STEP 2:
Are you registered for the current semester?
 YES NO

If NO, what was the LAST year you attended or graduated?

What program did you attend (check one)?
 Undergraduate Program Graduate Program
 The former St. Joseph College of Nursing (1920-1996)

**Please allow 7 working days from receipt for processing
(up to 21 days at the end of each semester).**

STEP 5:
Transcript instructions (check all that apply):
 Take with me (STEP 6 does not need to be completed)
 Send Immediately
 Hold request for current semester grades
 Hold request until degree is posted
 Hold for (specify): _____

Reason for request (check one):
 Pursue graduate work Scholarship
 Transfer institutions Personal Records
 Employment request

STEP 6: Send transcript to (please check one)
 Send transcript to ISBE (Education)
 Name and/or Department _____

Street Address and Building _____

City State Zip

For office use only:
Amount paid: _____

Date Sent: _____

Paid: Cash Check CC

Date: _____

(6/24/2015)