

## Transcript Request Form

Transcript requests require written authorization and will only be honored if all financial obligations to the college are clear. Request and payment will be returned if obligations exist.

MVConnect ID Number or Last Four Digits of Social Security Number

Name (LAST, FIRST)

Maiden Name or Former Name

Date of Birth

Home Phone

Cell Phone

Student Signature

Email **(print clearly)** Required for notification that electronic transcript has been delivered, opened, when and by whom. This can be your personal email.

Processed in five to seven business days upon receipt.

Phi Theta Kappa member

**Fee: \$7 per transcript • No. of copies** \_\_\_\_\_

### Transcript Request Information *(Please check one)*

\_\_\_ Send transcripts now! **Will not include grades for current semester.**

\_\_\_ WAIT! Send after current grades are posted **(fill in year)** FA \_\_\_\_\_ SP \_\_\_\_\_ SU \_\_\_\_\_

\_\_\_ WAIT! Send after degree is posted **(fill in year)** FA \_\_\_\_\_ SP \_\_\_\_\_ SU \_\_\_\_\_

#### Send electronically via eSCRIP-SAFE:

**Organization within eSCRIP-SAFE network**  
(Check the following link for network recipients:)  
[https://escrip-safe.com/schools/member\\_list](https://escrip-safe.com/schools/member_list)

\_\_\_\_\_  
Name of School/Organization

#### Outside of eSCRIP-SAFE network:

\_\_\_\_\_  
Recipient's Name

\_\_\_\_\_  
Recipient's Email Address **(print clearly)**

#### Mail Transcripts to:

\_\_\_\_\_  
Organization or individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
One address per request. Must provide complete address.

Mailing your form?

Pay by check or money order payable to **Moraine Valley**.  
Send to: Transcripts, Moraine Valley Community College  
9000 W. College Parkway  
Palos Hills, IL 60465

For Office Use Only

Electronic  Mailed:

