

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

Membership cannot be added to electronic transcripts.

Fee: \$7 per transcript • Number of copies requested _____

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)

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: _____

Confidential when completed.