



The Connecting Link - Transcript Request Form
University of St. Francis
Registrar's Office
500 Wilcox Street, Joliet, IL 60435
Phone (815) 740-3393 or 800-736-6300
Fax (815) 740-5084

Transcript fee: \$5.00 per copy (payment must accompany the request or the request will be returned).
You MUST complete steps 1- 5. Incomplete forms will be returned.

Step 1
 Current name and address:

Last First Middle

Street Address

City State Zip code

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: _____
 Amount Due (# of transcripts X \$5): _____
Have you received an official USF grade report for this class(es)? Yes No

If No, please wait until you have received your grade report before submitting this request.

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
 List the most recent course number and title of the class(es) for which you are requesting transcripts. **Approximately what date did you complete the LAST course(s)?**

EDLS _____
 Crse Number Crse Title

EDLS _____
 Crse Number Crse Title

EDLS _____
 Crse Number Crse Title

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

Notes:

You may use this form to submit multiple requests to the same address.

If you are requesting transcripts to be sent to multiple addresses, please complete a separate form for each address in Step 5.

You are responsible for providing the correct address.

STEP 5: Send transcript to (include name and/or department)

Name and/or Department _____

Street Address and Building _____

City State Zip

For office use only:
 Amount paid: _____

Date Sent: _____

Paid: Cash Check CC

Date: _____ (07/01/10)