Transcript Request Form
Office of the Registrar | Eckhart Hall 103 | 347 S. Gladstone Ave. | Aurora, IL 60506
630-844-5462 | reg@aurora.edu | FAX 630-844-5463

STUDENT INFORMATION

Name ____________________________ ID or SSN __________________________
Last, First, Middle Initial

Street Address ______________________________________________________________________________

City ____________________________ State _______________ ZIP _______________________

Cell Phone ____________________ Home Phone ____________________ Work Phone ____________________

Email Address _________________________________________________________________________________

Date of Birth ____________________________ Approximate Date of Attendance _________________________
(MM/DD/YYYY)

Other name(s) used while a student _______________________________________________________________

Institution  □ Aurora University  □ George Williams College

SEND TRANSCRIPT TO:

Send transcript via (check one): □ Postal Mail  □ Email (post-1986 attendees only)  □ Pick up

Institution _____________________________________________________________________________________

Attn: Office or Individual _________________________________________________________________________

Address (Required for Mailed Transcripts) ___________________________________________________________________________________

City ____________________________ State _______________ ZIP _______________________

Email (Required for Emailed Transcripts) _____________________________________________________________________________________________________

Number of copies requested __________

Send transcript (check one): □ Now  □ After current term grades are posted  □ After degree is awarded

I approve the release of my transcript. ____________________________________________________________

Student Signature ____________________________ Date ____________________________

PAYMENT INFORMATION

There is no fee for a transcript. However, a $25 fee is required for over-the-counter and same-day service. To make a payment, please contact the Student Accounts Office at 630-844-5470.

RETURN THIS COMPLETED FORM TO THE OFFICE OF THE REGISTRAR.

FOR OFFICE USE ONLY

______________________________________________________________________________________________

Student Accounts Office Date Office of the Registrar Date