

## **TRANSCRIPT REQUEST FORM**

**Illinois Mathematics and Science Academy** Office of the Registrar 1500 Sullivan Road, Aurora IL 60506

PHONE 630.907.5066 FAX 630.907.5922 EMAIL registrar@imsa.edu

YEAR / Class of       (Other Name / Maiden Name)         CONTACT INFORMATION	Last Name	First Name		Middle Na
Phone Number       Email Address         Street Address       City       State       Zip Code         REQUEST       Mail to         Send Transcript(s)       No Charge         Send Class Profile Booklet       \$3.00         Send Unofficial Test Scores       \$5.00         Send Inmunization/Health Record       \$25.00         SPECIAL SERVICES	YEAR / Class of		(Other Name / N	/laiden Name)
Street Address       City       State       Zip Code         REQUEST       Mail to         Send       Transcript(s)       No Charge         Send       Class Profile Booklet       \$3.00         Send       Unofficial Test Scores       \$5.00         Send       Immunization/Health Record       \$25.00         SPECIAL SERVICES	CONTACT INFORMATION			
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US Postal Service Priority Mail \$7.00   UPS Overnight (cannot deliver to PO Box) \$25.00   Email to / Fax to	Send Class Profile Booklet Send Unofficial Test Scores Send Immunization/Health Record	\$3.00 \$5.00		
Email Address or Fax Number         Recipient's Name and Organization         List multiple recipients as needed         PAYMENT         Check or Money Order, made payable to IMSA , enclosed         Charge my MasterCard or Visa (	US Postal Service Priority Mail			
PAYMENT         Check or Money Order, made payable to IMSA , enclosed         Charge my MasterCard or Visa (				
PAYMENT         Check or Money Order, made payable to IMSA , enclosed         Charge my MasterCard or Visa (	Recipient's Name and Organization			
Charge my MasterCard or Visa (	PAYMENT		List multiple	e recipients as needea
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