



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

1

Last Name	First Name	Middle Name
YEAR / Class of		(Other Name / Maiden Name)

2

CONTACT INFORMATION

Phone Number	Email Address			
Street Address		City	State	Zip Code

3

REQUEST

Send <input type="checkbox"/> Transcript(s)	No Charge
Send <input type="checkbox"/> Class Profile Booklet	\$3.00
Send <input type="checkbox"/> Unofficial Test Scores	\$5.00
Send <input type="checkbox"/> Immunization/Health Record	\$25.00

Mail to

List multiple recipients as needed

SPECIAL SERVICES

<input type="checkbox"/> US Postal Service Priority Mail	\$7.00
<input type="checkbox"/> UPS Overnight (<i>cannot deliver to PO Box</i>)	\$25.00

Email to / Fax to _____
Email Address or Fax Number

Recipient's Name and Organization

4

PAYMENT

<input type="checkbox"/> Check or Money Order, made payable to IMSA , enclosed			
<input type="checkbox"/> Charge my MasterCard or Visa _____	Credit Card Number	Expiration Date	Security Code (____)

5

SIGNATURE and DATE - The Registrar's Office cannot process unsigned requests

Signature	Date
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