



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

TRANSCRIPT REQUEST FORM

Email Request to: registrar@imsa.edu

Today's Date:

1

Last Name _____ First Name _____ Middle Name _____

Student ID _____ (YEAR / Class of xxxx)

2

Phone Number _____ IMSA Email Address _____

Street Address _____ City _____ State _____ Zip Code _____

3

What is the transcript for?

- Scholarship
- Athletics
- Other

Where are you sending it?

If you'd like your transcript emailed directly to you, please indicate that clearly on the request form or note it below:

- Email to student only.**
- Email to recipient
- Mail to recipient (the address is to the right.)
Include recipient's name and organization.

Email to / Fax to: _____

Send (Qty) _____ Transcript(s)

When is the transcript due? _____

List multiple recipients as needed

4

Additional Notes: *INCLUDE BELOW information about how you want transcripts to be delivered.*

Email or Mail – Additional documents – Test Scores, CAC profile – any other information you need to provide): _____

5

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

Signature _____ Date _____