



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

CONTACT INFORMATION

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