



Illinois Mathematics and Science Academy

Office of the Registrar

1500 Sullivan Road, Aurora, Illinois 60506

Phone: 1-630-907-5000

2026-2027

TRANSCRIPT REQUEST FORM

Email Request To: registrar@imsa.edu

Today's Date: _____

PRINT CLEARLY

1

Last Name:

Maiden Name:

First Name:

I.M.S.A. I.D. #:

Class of (Year): **Must provide**

Graduated: **Circle**
YES - NO

2

Phone Number:

Email Address:

Zip Code:

Street Address:

City:

State:

3

What is the transcript for? – **Circle**

- Scholarship
 - Athletics
 - Employment
 - Health
 - Other
- _____

Where are you sending it? – **Circle**

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

1. Email to student only. **Include name & email in the box below.**
2. Email to recipient(s). **Include name & email in the box below.**
3. Mail to recipient (s). **Include name & address in the box below.**

Send documents to: **Include method # from above**

Send (Qty.) of Transcripts: _____ Deadline to send: _____

4

Include if you need additional documents such as: Test scores, diploma, IMSA Profile, etc.

5

IMPORTANT: Registrar's Office cannot process unsigned requests. Please note, this must be a handwritten or electronic signature, only.

Signature: _____ Date: _____