

ILLINOIS CONFERENCE OF SEVENTH-DAY ADVENTIST
TRANSCRIPT REQUEST FORM

REQUEST FROM: (Name, Address, and Date of birth)

I, _____, give the Illinois Conference of SDA Department of
Education permission to

send ____ copies of my official transcript to the name and address identified
below.

Thank you

(Signature & Date)

WHERE TRANSCRIPTS SHOULD BE SENT
(Name and Address)

** Please follow the TRANSCRIPT PROCESS in the next page. Thank you. **

TRANSCRIPT PROCESS:

ILCOE is responsible for the BVA transcripts, and for the protection of student rights as provided by the Family Education and Privacy Act (FERPA). H.S. Transcripts will be issued only with a written authorization by the student.

There is a \$5.00 fee per transcript. We cannot accept telephone requests. Transcript requests are generally processed within two business days. Transcripts will not be processed on days that the conference is closed, weekends, and holidays.

Please note: If you have a financial obligation with BVA, please contact the Education Office at 630-716-3580 before you submit your request.

Transcript Request –

1. An email or written request needs to be sent to our office. It must include the following information: Name (including maiden name); DOB; daytime phone number or email, the address where you would like the transcript sent; and your signature.
2. A check or money order for \$5.00 for each transcript requested. Make checks payable to the Illinois Conference of SDA Office of Education. Credit cards are not accepted. Once payment is received your request will be processed.
3. Mail your request to:
Illinois Conference of SDA Office of Education
Attn: Sandra Agosto, Registrar
619 Plainfield Rd.
Willowbrook, IL 60527