

1 Identity

Last Name	First Name	MI
Class of	IMSA ID	SSN

2 Contact Information

Home () _____	Street Address _____
Work () _____	_____
Fax () _____	City _____ State _____ ZIP Code _____
E-mail Address _____	

3 Request

Send _____ Transcripts	no charge	Mail to: <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
Send _____ Class Profile Booklets	\$3	
Send _____ Standardized Test Scores	\$5	
Send _____ Immunization Records	\$25	

Special Services

- Both fax (\$2) and mail hard copy
- Fax only (\$2)
- US Postal Service Priority (\$4.05)
- US Postal Service Overnight (\$14.40)
- UPS 2 Day (\$13.80)
- UPS Overnight (\$22.60)

Due Date: _____

Fax to: _____
recipient's name & organization
Fax number: _____

List multiple recipients as needed

4 Payment

check enclosed

charge to my MasterCard or Visa: _____
number (please print large & clearly) exp.

Return by fax with credit card number to **(630) 907-5922, attn: Registrar** or by mail with check or money order (made out to IMSA) to **Registrar, IMSA, 1500 W Sullivan Rd, Aurora IL 60506-1067**

5 Signature and Date – the Registrar's Office cannot process unsigned requests

Signature	Date
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