1400 S. Wolf Rd., bldg.400, Wheeling, IL 60090
Ph: 847-243-7113
info@solexian.com

Request for Official Transcript/Certificate

STUDENT NAME: _____ *Last Name/Family Name* *First Name/Given Name* *Middle Name*			
ID NUMBER:		DATE OF BIRTH:	_____/ _____/ _____
ADDRESS: *Number, Street, Apt.* _____ *City, State, Zip Code* _____		PHONE NUMBER: _____ E-MAIL: _____	

ALLOW 5 BUSINESS DAYS FOR PROCESSING

☐ **Pick up in person (picture ID required)**

☐ **Mail transcript to (please print):**

Name: _____ Organization _____

Address: _____

Number *Street* *Apt.*

_____

City *State* *Zip Code*

☐ **I am currently enrolled as an English Language Program student**

☐ **I am not currently enrolled but attended SOLEX (list dates below):**

_____

_____

I would like _____ copies of my transcript at **$10 per copy**.

☐ **Issue now**

☐ **Hold for current session grades**

Student Signature: _____ *Date:* _____