



Transcript Payment Information Form

**DUE TO THE SENSITIVE AND CONFIDENTIAL NATURE OF THE INFORMATION REQUESTED BELOW
DO NOT SUBMIT PAYMENT VIA EMAIL – SEE BELOW FOR PAYMENT OPTIONS**

- Requests for overnight transcripts will be charged \$20 per recipient for expedited service.
- **Overnight shipping is NOT available to the following addresses - UW Madison offices, PO Boxes, or International. If you pay for overnight service to a these addresses, your transcript will be sent via regular mail and your payment will not be refunded.**
- **Transcripts, including overnights, are processed twice a week – on Tuesdays and Fridays. To have your transcript mailed on a Tuesday, we must receive your transcript request (and payment if requesting overnight) no later than 2pm central time (CST) on Monday. To have your transcript mailed on Friday, we must receive your request (and payment if requesting overnight) no later than 2pm central time (CST) on Thursday. Requests received after these times will be processed on the next Tuesday or Friday.** Overnight deliveries are not made on weekends and most holidays. Overnight requests processed on a Friday, or on the last business day before a holiday, will be delivered on the next business day.
- Submission of the Credit Card Authorization section of this form following the options in the table below is only required if you are requesting **overnight** processing AND paying by credit card via mail or fax. Check payments for overnight processing requests do not require submission of this form.

Payment Options	Guidelines	Submission Options
Credit Card	If paying by credit card, you may use MasterCard, Visa, American Express or Discover.	Mail: Complete and sign the Credit Card Authorization section* of this form and mail along with your signed Transcript Request Form to: IL Transcript Requests – 780 Regent Street Suite 130 – Madison, WI 53715.
		Fax: Complete and sign the Credit Card Authorization section* of this form and fax along with your signed Transcript Request Form to our secured fax line: (608) 262-4096.
Check	Made payable to the Independent Learning	Mail: Mail your check along with your signed Transcript Request Form to: IL Transcript Requests – 780 Regent Street Suite 130 – Madison, WI 53715.

*Please note that you only need to complete the Credit Card Authorization section of this form and submit to us following the options above if you're paying by credit card via mail or fax. **Due to the sensitive contents, this form cannot be submitted via email.** Check payments do not require submission of this form.

Credit Card Authorization (for mail or fax of OVERNIGHT processing fees):

Name (Last, First, Middle Initial)		Today's Date	
Number of Transcripts Requested	Total Fee Due	Method of Payment	
		Check (enclosed)	Credit Card (see below)
Type of Credit Card			
MASTERCARD		VISA	AMERICAN EXPRESS DISCOVER
Credit Card Number		Credit Card Expiration Date (mm/yr)	
Cardholder Name		Cardholder Signature (Electronic signatures are not accepted)	