

INTERNET ACCESS REQUEST FORM

Please provide the following information about yourself:

Name: _____ Daytime phone: (____) _____ - _____

Address: _____

City: _____ State: _____ ZIP: _____

Social Security number: _____ E-mail address: _____

Drivers license number: _____ State: _____

Signature: _____ Date: _____

Mail your request to: ILLINOIS DEPARTMENT OF REVENUE
ATTN: BRENDA CAWLEY
101 WEST JEFFERSON STREET MC 4-500
PO BOX 19033
SPRINGFIELD, IL 62794-9033
Phone: (217) 785-6636
Fax: (217) 782-9932
E-mail: Brenda.Cawley@illinois.gov

INTERNET ACCESS

Assessing officials with Internet access can now view their personal education transcript through the Internet. The program allows users access to their personal records only. The program provides for controlled access through the use of a personal identification number and other information for authenticating users. To receive directions to the site and to obtain a personal password, individuals who wish to participate in the program should complete this request form and return it to the department.