

# Illinois HSE Transcript Paper Order Form

**Billing Address:**

Program: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Shipping Address (If different than Billing Address):**

Program: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Item	Quantity
250 Sheets HSE Transcript Paper	
500 Sheets HSE Transcript Paper	

Orders/questions can be emailed to [hseorders@cait.org](mailto:hseorders@cait.org)

**Transcript Paper may only be ordered by authorized persons. For more information regarding this policy, please contact:**

Kimberly Dismuke  
Illinois Community College Board  
[kimberly.dismuke@illinois.gov](mailto:kimberly.dismuke@illinois.gov)