

**Request for Unofficial Transcript of Academic Records
from Northern Illinois University to be Picked-up by a Third Party**

PLEASE PRINT AND FILL OUT THE FOLLOWING INFORMATION

NAME _____
Last First Mi Maiden/Former

ADDRESS _____
Street/PO Box Apt/Unit No.

City State Zip Code

PHONE NUMBER _____ **DATE OF BIRTH** _____
Area Code Number mm/dd/yy (e.g., 05/09/81 for May 9, 1981)

ZID _____ **OR**

SOCIAL SECURITY NUMBER _____ - _____ - _____

LAST SEMESTER ATTENDED (select one) spring _____ summer _____ fall _____ Year _____

I, _____ authorize Northern Illinois University to release my

Unofficial transcript to _____.

Print your friends name clearly!

IMPORTANT: A SIGNED CONSENT FORM IS REQUIRED TO RELEASE YOUR TRANSCRIPT

Your transcript cannot be released without your signature and today's date.

Signature Date

You should instruct your third party that they will need to bring their own photo ID with them otherwise we will not release your transcript. If your record has an encumbrance we will not release your transcript.

SEND ALL REQUESTS TO: Transcripts, Office of Registration and Records, Northern Illinois University, DeKalb, IL 60115-2871. You may also fax your request to us at (815) 753-0149 or email to regrec@niu.edu.