

Request for Official Transcript of Academic Records from Northern Illinois University

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City State ZIP Code

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LAST SEMESTER ATTENDED (select one) Spring ____ Summer ____ Fall ____ Year _____

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PAYMENT IS REQUIRED AT THE TIME OF THE REQUEST

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Date

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