

# Request for Official Transcript of Academic Records from Northern Illinois University

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 \_\_\_\_ - \_\_\_\_ - \_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LAST SEMESTER ATTENDED (select one) Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Year \_\_\_\_\_

ADDRESS WHERE THE TRANSCRIPTS ARE TO BE SENT

\_\_\_\_\_  
Name of Person, Institution or Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address Line 2

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## PAYMENT IS REQUIRED AT THE TIME OF THE REQUEST

The fee for an official transcript is \$8.00 for each copy. Transcripts may be paid for by check, money order, or credit card (see below). If paying by check or money order, please make it payable to Northern Illinois University.

### CREDIT CARD INFORMATION

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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