

Transcript Request

1. Complete the 2-page transcript request
2. Sign request
3. Fax completed form(s) to: 312-503-4727 or mail to:



SCHOOL OF CONTINUING STUDIES

Northwestern University
 School of Continuing Studies
 339 East Chicago Avenue
 Chicago, IL 60611

Today's Date: _____

PLEASE PRINT CLEARLY

STUDENT INFORMATION (PLEASE PRINT)

First Name: _____ Last Name: _____ M.I.: _____
 Previous Name (if any): _____ Student ID Number: _____
 E-Mail: _____ Phone: _____
Signature (required): _____

Indicate the last Northwestern School in which you were registered:

- Center for Public Safety Traffic Institute
 School of Continuing Studies University College

Degree Received: _____ Date: _____

Currently registered? Yes No If not, indicate last term attended: Term: _____ Year: _____

HOLD this request for:

- Current Term Grades Incomplete Grades Term: _____ Year: _____
 Degree Posted Missing Grades Term: _____ Year: _____

PAYMENT INFORMATION (We can not accept Visa as a method of payment.)

	×	\$5.00	+	\$7.00 Flat Fee	=	\$
Number of Transcripts		Cost per Transcript		RUSH CHARGE Only If Applicable		Total If Credit Card Payment - Amount to be Charged

Check/Money Order Check Number _____

MasterCard American Express

Card Number - - - Expiration Date -

Cardholder Signature (required): _____

Mailing Addresses

STUDENT INFORMATION (PLEASE PRINT)

First Name: _____ Last Name: _____ M.I.: _____

MAILING ADDRESS (PLEASE PRINT)
Attention: _____
Street: _____
City: _____ State: _____ Zip: _____
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