



TRANSCRIPT REQUEST FORM

Phone:
Fax:

This form authorizes DeVry University to release your official transcripts to the institution(s) identified below. **No fee is required.** Please fax or mail the completed form to your home location. You may also submit the form to the registrar's office during regular business hours. Transcripts are not issued to students with financial holds on their accounts.

Name		Last Location Attended	Dates of Attendance
Name(s) Used While Attending <i>(Please Print Legibly.)</i>		Student ID or last 4 digits of social security number	
Student Signature <i>(Required)</i>	Date	Daytime Phone Number	
Street Address	Apt.#	Home Phone Number	
City	State	Zip Code	E-mail Address

<p>For currently enrolled students: <input type="checkbox"/> Process now.</p> <p><input type="checkbox"/> Mail transcript to recipient(s) below. Write address(es) below as it should appear on the envelope. For additional addresses, please complete a separate request.</p>	OR	<p><input type="checkbox"/> Process once grades are posted.</p> <p><input type="checkbox"/> Process after degree has been conferred.</p> <p><input type="checkbox"/> Pickup transcript(s) in person</p> <p>Location: _____</p> <p>Date and Time: _____</p>
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Note: Multiple transcripts will be mailed in individual envelopes.

Undergraduate Students:		Enter Number of Transcripts Needed for Address A
<input type="checkbox"/> DeVry Undergraduate		
<input type="checkbox"/> Former* School: <input type="checkbox"/> Ohio <input type="checkbox"/> Missouri <input type="checkbox"/> Denver		
Graduate Students:		Enter Number of Transcripts Needed for Address B
<input type="checkbox"/> Keller Graduate School of Management		
<input type="checkbox"/> DeVry University Graduate		
* For students who attended Ohio Institute of Technology, Missouri Institute of Technology or Denver Technical College		
Address A		
Fax To <small>(only if faxing is required):</small>		

Undergraduate Students:		Enter Number of Transcripts Needed for Address B
<input type="checkbox"/> DeVry Undergraduate		
<input type="checkbox"/> Former* School: <input type="checkbox"/> Ohio <input type="checkbox"/> Missouri <input type="checkbox"/> Denver		
Graduate Students:		Enter Number of Transcripts Needed for Address B
<input type="checkbox"/> Keller Graduate School of Management		
<input type="checkbox"/> DeVry University Graduate		
* For students who attended Ohio Institute of Technology, Missouri Institute of Technology or Denver Technical College		
Address B		
Fax To <small>(only if faxing is required):</small>		

*******ALLOW 5-7 BUSINESS DAYS FOR PROCESSING UPON RECEIPT OF REQUEST*******

This time may be increased for peak periods such as registration, final grade posting, and commencement.

Official Transcripts will not be e-mailed under any circumstance.

Official Transcripts may be faxed according to the AACRAO Fax Guidelines as of March 1996.

FOR OFFICE USE ONLY:	Financial Hold: _____	Home Campus: _____
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