

TRANSCRIPT REQUEST FORM

This form authorizes DeVry University to provide official transcripts of your credits earned at DeVry University to the institution(s) identified below:

Student Signature	Date	Street Address	Apt.#
Daytime Phone Number		City	State Zip Code
Home Phone Number		Email address	

For currently enrolled students: Process Now **OR** Process once grades are posted.
 Process after degree has been conferred.

Name(s) attended under <i>(PLEASE PRINT)</i>	Student ID / Social Security Number
<input type="checkbox"/> <i>(please select one)</i>	
<input type="checkbox"/> DeVry Graduate	
<input type="checkbox"/> Keller Graduate School of Management	
# of Transcripts	Last Location Attended Dates of Attendance

Mailing address of recipient(s) as it should appear on the envelope:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***** **ALLOW A MINIMUM OF 10 BUSINESS DAYS FOR PROCESSING** *****
 Multiple transcripts will be mailed in individual envelopes. Transcripts will not be faxed or e-mailed under any circumstance.

FOR OFFICE USE ONLY FH: _____ NS: _____ Home Campus: _____