

**Transcript Request Form**

\_\_\_\_\_

Date

To the Office of Registration and Records at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward my transcript to:

**The Graduate School  
Northern Illinois University  
DeKalb, IL 60115**

A check in the amount of \$\_\_\_\_\_ is enclosed to cover the transcript cost.

Thank you for your assistance.

Sincerely,

\_\_\_\_\_

Signature

\_\_\_\_\_

SSN

Address and Telephone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_