

TRANSCRIPT REQUEST FORM

Phone:
Fax:

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
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DeVry Undergraduate

of
Transcripts

Last Location Attended

Dates of Attendance

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

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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***** **ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR PROCESSING** *****

FOR OFFICE USE ONLY	FH: _____	NS: _____	Home Campus: _____
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Version:	V. 1.0	July 2, 2009
Supersedes:	NONE	

