Request for Unofficial Transcript of Academic Records
from Northern Illinois University

PLEASE PRINT AND FILL OUT THE FOLLOWING INFORMATION

NAME __________________________________________________________________________

                      Last   First   Mi    Maiden/Former

ADDRESS _________________________________________________________________________

                      Street/ PO Box    Apt/Unit No.

                      City     State     Zip code

PHONE NUMBER _________________________   DATE OF BIRTH _________________

                      Area Code Number mm/dd/yy (e.g., 05/09/81 for May 9, 1981)

ZID ______________________________________ or

SOCIAL SECURITY NUMBER ___ ___ ___ – ___ ___ – ___ ___ ___ ___

LAST SEMESTER ATTENDED (select one) spring ___ summer ___ fall ___ Year ____________

AN UNOFFICIAL TRANSCRIPT WILL BE MAILED DIRECTLY TO THE STUDENT AT THE ABOVE
WRITTEN ADDRESS. UNOFFICIAL TRANSCRIPTS CAN NOT BE MAILED TO A 3RD PARTY.

IMPORTANT: A SIGNED CONSENT FORM IS REQUIRED TO RELEASE YOUR TRANSCRIPT

Your transcript cannot be sent without your signature and today’s date.

Signature ______________________________________________________________________

Date __________________________________________________________________________

SEND REQUEST TO: Northern Illinois University, Office of Registration and Records, Williston Hall 220,
DeKalb, IL 60115-2871. Or you can fax the form to 815-753-0149