

**Request for Official Transcript of Academic Records  
from Northern Illinois University to be Picked-up by a Third Party**

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 \_\_\_\_ - \_\_\_\_ - \_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LAST SEMESTER ATTENDED (select one) Spring \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_ Year \_\_\_\_\_

**PAYMENT IS REQUIRED AT THE TIME OF THE REQUEST**

The fee for an official transcript is \$8.00 for each copy. Transcripts may be paid for by check, money order, or credit card (see below). If paying by check or money order, please make it payable to Northern Illinois University.

**CREDIT CARD INFORMATION**

Card Type (select one) Visa \_\_\_\_ MasterCard \_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_  
mm/yy (e.g., 06/19 for June 2019)

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Cardholder Signature

NUMBER OF COPIES \_\_\_\_

**I, \_\_\_\_\_ authorize Northern Illinois University to release my Official transcript(s) to \_\_\_\_\_. Print name clearly!**

**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

**You should instruct your third party that they will need to bring their own photo ID with them otherwise we will not release your transcript.** If your record has an encumbrance we will not release your transcript.

**SEND ALL REQUESTS TO:** Transcripts, Office of Registration and Records, Northern Illinois University,  
DeKalb, IL 60115-2871. You may also fax your request to us at (815) 753-0149