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 __________________________

Area Code Number

DATE OF BIRTH _______________________

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 or email to regrec@niu.edu