NORTHWESTERN UNIVERSITY

Office of the Registrar
633 Clark Street
Evanston, Illinois 60208
(847) 467-0760 Phone
(847) 491-8458 Fax

**Office Use**

Fee paid _____

Date _____

Initials _____

# Transcript Request

Today's Date _____ Student ID No. _____

Are you currently registered?

☐ Yes ☐ No

If not indicate last quarter attended

Qtr _____ Year _____

**Number of transcripts** _____

**Check Last N.U. School Registered**

☐ Arts & Sciences ☐ Engineering ☐ Graduate School
☐ Education ☐ Music ☐ Summer Session
☐ Journalism ☐ Communication /Speech ☐ Dental School
☐ Management ☐ Nursing

Degree received _____ Date _____

**Delivery and Cost–** Must choose one for order to be processed

☐ **Pick up** at Registrar's Office

☐ **Mail** Provide address

☐ **FedEx** for an additional charge
$15.00 domestic
$30.00 internat'l

**Processing Time –** Must choose one for order to be processed

☐ **Regular**
Within 1-3 business days
$10 per transcript

☐ **Immediate**
Same day
$25 per transcript

**Special Handling**

☐ **Hold this request for:**

☐ Current Term Grades ☐ Degree Posted
☐ Incomplete Grades ☐ Missing Grades

Yr _____ Yr _____

Qtr _____ Qtr _____

Contact Information:

_____
Name Last First M.I. **Enrolled Name (If Different)**

_____
Street Address

_____
Additional Address Info

_____
City State Postal Code Country

_____
Telephone E-mail Date of Birth

**Send Transcript To:**

_____
Name

_____
Street Address

_____
Additional Address Info

_____
City State Postal code Country

**Do not include credit card information on this form. Northwestern University cannot accept credit card information on this form.**

If paying by credit card please call (847) 467-0760 during business hours to provide the credit card information after mailing or faxing the transcript order. Do not give credit card information in voice mail.

If Paying by check please make check payable to: Northwestern University.

Mail to: Northwestern University, Office of the Registrar, 633 Clark Street, Evanston, Illinois 60208, Attn: Transcript Services

**Transcript orders will not be processed until payment is received.**

SIGNATURE: _____ Date: _____

**Form will NOT be processed without signature**