



**NORTHWESTERN**  
UNIVERSITY

Northwestern University  
Office of the Registrar  
Rebecca Crown Center  
633 Clark Street  
Evanston, Illinois 60208

<b>Office Use</b>	
Fee paid _____	
Date _____	
Initials _____	

## Transcript Request

<p>Today's Date _____ Student ID No. _____</p> <p>Are you currently registered?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If not indicate last quarter attended          Qtr _____ Year _____</p> <p><b>Number of transcripts</b> _____</p>	<p><b>Check Last N.U. School Registered</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Arts &amp; Sciences</td> <td><input type="checkbox"/> Engineering</td> <td><input type="checkbox"/> Graduate School</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Music</td> <td><input type="checkbox"/> Summer Session</td> </tr> <tr> <td><input type="checkbox"/> Journalism</td> <td><input type="checkbox"/> Communication /Speech</td> <td><input type="checkbox"/> Dental School</td> </tr> <tr> <td><input type="checkbox"/> Management</td> <td></td> <td><input type="checkbox"/> Nursing</td> </tr> </table> <p>Degree received _____ Date _____</p>	<input type="checkbox"/> Arts & Sciences	<input type="checkbox"/> Engineering	<input type="checkbox"/> Graduate School	<input type="checkbox"/> Education	<input type="checkbox"/> Music	<input type="checkbox"/> Summer Session	<input type="checkbox"/> Journalism	<input type="checkbox"/> Communication /Speech	<input type="checkbox"/> Dental School	<input type="checkbox"/> Management		<input type="checkbox"/> Nursing
<input type="checkbox"/> Arts & Sciences	<input type="checkbox"/> Engineering	<input type="checkbox"/> Graduate School											
<input type="checkbox"/> Education	<input type="checkbox"/> Music	<input type="checkbox"/> Summer Session											
<input type="checkbox"/> Journalism	<input type="checkbox"/> Communication /Speech	<input type="checkbox"/> Dental School											
<input type="checkbox"/> Management		<input type="checkbox"/> Nursing											
<p><b>Method of Delivery</b> – Must choose one for order to be processed</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> <b>Pick up</b> at Registrar's Office</td> <td><input type="checkbox"/> <b>Mail</b> Provide address</td> <td><input type="checkbox"/> <b>FedEx</b> for an additional charge</td> </tr> </table> <p><b>Processing Time</b> – Must choose one for order to be processed</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> <b>Regular</b> Within 1-3 business days</td> <td><input type="checkbox"/> <b>Rush</b> Next business day</td> <td><input type="checkbox"/> <b>Immediate</b> Same day</td> </tr> </table>	<input type="checkbox"/> <b>Pick up</b> at Registrar's Office	<input type="checkbox"/> <b>Mail</b> Provide address	<input type="checkbox"/> <b>FedEx</b> for an additional charge	<input type="checkbox"/> <b>Regular</b> Within 1-3 business days	<input type="checkbox"/> <b>Rush</b> Next business day	<input type="checkbox"/> <b>Immediate</b> Same day	<p><b>Special Handling</b></p> <p><input type="checkbox"/> <b>Hold this request for:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Current Term Grades</td> <td><input type="checkbox"/> Degree Posted</td> </tr> <tr> <td><input type="checkbox"/> Incomplete Grades</td> <td><input type="checkbox"/> Missing Grades</td> </tr> </table> <p>Yr _____ Yr _____          Qtr _____ Qtr _____</p>	<input type="checkbox"/> Current Term Grades	<input type="checkbox"/> Degree Posted	<input type="checkbox"/> Incomplete Grades	<input type="checkbox"/> Missing Grades		
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<input type="checkbox"/> Current Term Grades	<input type="checkbox"/> Degree Posted												
<input type="checkbox"/> Incomplete Grades	<input type="checkbox"/> Missing Grades												

**Contact Information:**

Name Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Enrolled Name (If Different) \_\_\_\_\_

Street Address \_\_\_\_\_

Additional Address Info \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Send Transcript To:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Additional Address Info \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

**Credit Card Information – all fields are required**

Name of Cardholder: \_\_\_\_\_

Cardholder Mailing Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Credit Card: \_\_\_\_\_  
 Visa, MasterCard, American Express

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form will NOT be processed without signature**