



TRANSCRIPT REQUEST FORM

Phone:
Fax:

This form authorizes DeVry University and its Keller Graduate School of Management to release your official transcripts to the institution(s) identified below. **No fee is required.** Please fax or mail the completed form to your home location. You may also submit the form to the registrar's office during regular business hours. Transcripts are not issued to students with financial holds on their accounts.

Name		Last Location Attended	Dates of Attendance
Name(s) Used While Attending <i>(Please Print Legibly.)</i>		Student ID or last 4 digits of SSN	Date of Birth
Student Signature <i>(Required)</i>	Date	Phone Number	
Street Address		E-mail Address	
City	Apt. #	State Zip Code	

For currently enrolled students: <input type="checkbox"/> Process now.	OR <input type="checkbox"/> Process once grades are posted. <input type="checkbox"/> Process after degree has been conferred.
<input type="checkbox"/> Mail transcript to recipient(s) below. Write address(es) below as it should appear on the envelope. For additional addresses, please complete a separate request.	OR <input type="checkbox"/> Pickup transcript(s) in person Location: _____ Date and Time: _____

Note: Multiple transcripts will be mailed in individual envelopes.

Undergraduate Students:		Enter Number of Transcripts Needed for Address A
<input type="checkbox"/> DeVry Undergraduate		
<input type="checkbox"/> Former* School: <input type="checkbox"/> Ohio <input type="checkbox"/> Missouri <input type="checkbox"/> Denver		
Graduate Students:		Enter Number of Transcripts Needed for Address B
<input type="checkbox"/> Keller Graduate School of Management		
<input type="checkbox"/> DeVry University Graduate		
* For students who attended Ohio Institute of Technology, Missouri Institute of Technology or Denver Technical College		
Address A		
Fax To (only if faxing is required):		

Undergraduate Students:		Enter Number of Transcripts Needed for Address B
<input type="checkbox"/> DeVry Undergraduate		
<input type="checkbox"/> Former* School: <input type="checkbox"/> Ohio <input type="checkbox"/> Missouri <input type="checkbox"/> Denver		
Graduate Students:		Enter Number of Transcripts Needed for Address B
<input type="checkbox"/> Keller Graduate School of Management		
<input type="checkbox"/> DeVry University Graduate		
* For students who attended Ohio Institute of Technology, Missouri Institute of Technology or Denver Technical College		
Address B		
Fax To (only if faxing is required):		

*******ALLOW 5-7 BUSINESS DAYS FOR PROCESSING UPON RECEIPT OF REQUEST*******

This time may be increased for peak periods such as registration, final grade posting, and commencement.
 Official Transcripts will not be e-mailed under any circumstance.

FOR OFFICE USE ONLY:	Financial Hold: _____	Home Campus: _____
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