



TRANSCRIPT REQUEST FORM

REGISTRAR'S OFFICE

DeVry University Records Management
1200 E. Diehl Rd.
Naperville, IL 60563
Phone: (877) 496-9050
Fax: (630) 929-9713

This is my request and authorization to provide my official DeVry University transcript as indicated below.

Sincerely,

CURRENT HOME ADDRESS:

STUDENT'S SIGNATURE _____ DATE _____

STREET _____ APT # _____

Daytime Phone Number _____

CITY _____ STATE _____ ZIP _____

Home Phone Number _____

Email address _____

For currently enrolled students:

_____ Process now

OR

_____ Process once grades posted

_____ Process after degree has been conferred

Name(s) attended under (PLEASE PRINT) _____

Total # of Transcripts: _____

METHOD OF PAYMENT \$5.00 Fee Per Transcript

__ Check __ Money Order __ Credit Card

Student ID # // Social Security Number _____

__ Visa __ Mastercard __ AmEx __ Discover

Card #: _____

Dates of attendance _____

Exp. Date: _____ Security Code _____

***** **PAYMENT REQUIRED FOR PROCESSING** *****

***** **FAXED REQUESTS MUST INCLUDE CREDIT CARD NUMBER** *****

Please send my transcript(s) to:

***** **ALLOW A MINIMUM OF 3 BUSINESS DAYS FOR PROCESSING** *****

FOR OFFICE USE ONLY #T: _____ \$ _____

OSCAR: Y _____ N _____

Mailed: _____