

REQUEST FOR TRANSCRIPT – MIRAMAR CAMPUS CHAMBERLAIN STUDENT/ALUMNI

To request a copy of your official Chamberlain College of Nursing transcripts to be mailed to an outside entity or picked up in person at the campus, fill out this form. An unofficial transcript can be faxed to an outside entity upon completion of this form. All requests should be made to the campus the student attended.

Please return this form to the Registrar's Office:

Chamberlain College of Nursing Attention: Registrar Services 2300 SW 145th Avenue Miramar, FL 33027

Phone: 954.885.3533 Fax: 954.885.3601

Name:	M.I.	Maiden/Other
Address:Street Daytime Phone:	City	State Zip
Have you attended under any other name? No Yes If yes, print name:		
Send transcript to: Department or Person	College/Business	
Address:Street Fax Number (unofficial transcripts only):	City	State Zip
Include department or name of person in address. You are responsible for listing the correct address.		
Are you currently attending Chamberlain College of Nursing?		
Degree/Diploma: ☐ Send now ☐ Send after current semester's grades ☐ Send after degree statement ☐ Will pick up		
If you would like transcripts also mailed to your home address on file, please indicate the number of official copies:		
Student Signature: Date:		
Official transcripts are released only with the student's written consent.	For Registrar's Use Only: Transcript was sent on Transcript was picked up on Transcripts will be released after payment of your debt	
Requests must be filed at least seven (7) working days before transcript is needed.		
NOTE: Official transcripts are not issued until all financial obligations to any DeVry Education Group institution are fulfilled.	in the Student Accounts Offic	ce

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Comprehensive consumer information is available at chamberlain.edu/studentconsumerinfo