

## Transcript Request Form

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 using the information provided above. Transcripts are not issued to students with financial holds on their accounts.

<b>STUDENT INFORMATION: The student completes the information below.</b>	
Location Last Attended: _____	Dates of Attendance: _____
Last Name: _____	First Name: _____
Name(s) Used While Attending: _____	Date of Birth: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone #: _____	Email: _____
DSI # or last 4 digits of SSN: _____	Reason for Requesting Transcript: <u>Select why you are requesting a transcript.</u>

<b>DELIVERY TIMEFRAME: Select all that apply.</b>		
<input type="checkbox"/> Process now	<input type="checkbox"/> Process once grades are posted	<input type="checkbox"/> Process after degree has been conferred

<b>DELIVERY OPTIONS: Select all that apply.</b>	
<input type="checkbox"/> Mail transcripts to recipient(s). Complete Delivery Address section below. Each transcript will be mailed separately.	
<input type="checkbox"/> Fax transcripts.	Fax Number: _____ Name and/or Institution: _____

<b>SCHOOL ATTENDED: The student selects the school(s) attended and number of transcripts to be sent.</b>			
<b>Address A:</b>	Number of transcripts:	<b>Address B:</b>	Number of transcripts:
<input type="checkbox"/> Undergraduate Degree	[ ]	<input type="checkbox"/> Undergraduate Degree	[ ]
<input type="checkbox"/> Former* School: <input type="checkbox"/> Ohio <input type="checkbox"/> Missouri <input type="checkbox"/> Denver	[ ]	<input type="checkbox"/> Former* School: <input type="checkbox"/> Ohio <input type="checkbox"/> Missouri <input type="checkbox"/> Denver	[ ]
<input type="checkbox"/> Graduate Degree	[ ]	<input type="checkbox"/> Graduate Degree	[ ]
*For students who attended Ohio Institute of Technology, Missouri Institute of Technology or Denver Technical College			

<b>DELIVERY ADDRESS: Write address(es) as it should appear on the envelope. For additional addresses, please complete a separate request.</b>	
<b>Address A</b>	<b>Address B</b>
Institution Name: _____	Institution Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

<b>STUDENT SIGNATURE: Signature is required due to the Family Educational Rights and Privacy Act of 1974.</b>	
Student Signature: _____	Date: _____

**\*\*\*\*\*ALLOW UP TO 7 BUSINESS DAYS FOR PROCESSING UPON RECEIPT OF REQUEST\*\*\*\*\***  
**Official transcripts will not be e-mailed under any circumstance.**