Transcript Request Form

Instructions:
1. **Student:** Complete Part I & II and provide to the Registrar/Dean’s Office or email to registrar@nwsc.edu.
2. **Student:** Pay $25.00 transcript fee (Mail check/money order along with this application to NWSC Registrar, 5999 S New Wilke Road, Building 500, Rolling Meadows, IL 60008; or call 847-290-6425 ext. 103 to pay by credit card).
3. **Administration:** In Part III, review the student’s account under your corresponding section. When complete, submit to the Registrar.

   **Note:** Transcripts will be issued within 10 days from the date at which the form is received and the payments is made.

### PART I: General Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<tr>
<th>DA/MA/PhT/PbT/AS/BS (Circle as appropriate)</th>
<th>Year Graduated</th>
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<table>
<thead>
<tr>
<th>Email</th>
<th>Student Signature</th>
<th>Date</th>
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### PART II: Student Request

- [ ] Mail transcript to the following address (PRINT CLEARLY)
- [ ] Will pick-up in person

### PART III: FOR OFFICE USE ONLY

**Academic Clearance:**
- [ ] Yes
- [ ] No

Dean’s Signature: __________________________ Date: ______________

**Accounts Dept. Clearance:**
- [ ] Yes
- [ ] No

Accounts Signature: __________________________ Date: ______________

**Financial/Institutional Aid Clearance:**
- [ ] Yes
- [ ] No

Fin./Inst Aid Signature: __________________________ Date: ______________

**Registrar:**
- Request Received: __________________________ Request Completed: __________________________
- Delivery: [ ] Pick-Up [ ] Mailed: __________________________