



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

Last Name

First Name

DA/MA/PhT/PbT/AS/BS (Circle as appropriate)

Program

Year Graduated

Email

Student Signature

Date

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: _____