



**NORTHWEST SUBURBAN
COLLEGE**

Student Clearance Form

Date: _____

Student Name: _____

Program: _____

Student ID: _____

Purpose of Clearance (check all that apply):

- ☐ Registration for Next Term/Module
- ☐ Participation in Externship
- ☐ Graduation Clearance
- ☐ Transcript Release
- ☐ Diploma/Certificate Release
- ☐ Withdrawal Clearance
- ☐ Other (please specify): _____

Departments to be Cleared:

Department	Signature of Clearance	Date
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Accounts (Financial)

Registrar

Library (if applicable)

Academic Affairs

Financial Aid (if applicable)

Other: _____

Outstanding Balance (if any): \$_____

Payment Arrangement (if applicable):

Final Clearance:

☐ Approved

☐ Denied (reason): _____

Authorized by (Accounts Department):

Signature: _____

Name: _____

Date: _____

For questions regarding this clearance, please contact the Accounts Department at (847) 290-6425 or info@nwsc.edu.

Address: 5999 S. New Wilke Rd, Building 3, Suite 300, Rolling Meadows, IL 60008

Website: <https://nwsc.edu>