



**REGISTRAR'S OFFICE**  
 DeVry University – Crystal City  
 2450 Crystal Drive  
 Arlington, VA 22202  
 Phone: (703) 414-4015  
 Fax: (703) 414-4084

## TRANSCRIPT REQUEST FORM

This form authorizes DeVry University to provide official transcripts of your credits earned at DeVry University to the institution(s) identified below:

Student Signature	Date	Street Address	Apt.#
Daytime Phone Number		City	State Zip Code
Home Phone Number		Email address	

**For currently enrolled students:**  Process Now **OR**  Process once grades are posted.  
 Process after degree has been conferred.

Name(s) attended under <i>(PLEASE PRINT)</i>	Student ID / Social Security Number
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DeVry Undergraduate

# of Transcripts

Last Location Attended

Dates of Attendance

Mailing address of recipient(s) as it should appear on the envelope:


\*\*\*\*\* ALLOW A MINIMUM OF 5 BUSINESS DAYS FOR PROCESSING \*\*\*\*\*

FOR OFFICE USE ONLY	FH:	NS:	Home Campus:
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University Registrar/ Transcript Request Form

<b>Version:</b>	V. 1.0	July 2, 2009
<b>Supersedes:</b>	NONE	

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