

## 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.

**Note:** Official transcripts are not issued until all financial obligations to any DeVry institution are fulfilled.

All U.S. students and students who are residents of Alberta, Canada must complete exit loan counseling when they are graduating. Graduation candidates must fulfill all financial obligations to DeVry at least 30 days before commencement and complete exit counseling. Failure to complete exit counseling may result in a hold on students' records, which would prevent fulfillment of transcript requests and release of graduate's diplomas.

<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: _____	

<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"/> Former* School: <input type="checkbox"/> Ohio <input type="checkbox"/> Missouri <input type="checkbox"/> Denver <input type="checkbox"/> Graduate Degree	<input type="text"/> <input type="text"/> <input type="text"/>	<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"/> Graduate Degree	<input type="text"/> <input type="text"/> <input type="text"/>
*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.**