Northeastern Illinois University

TRANSCRIPT REQUEST

SSN ☐☐☐ ☐☐ ☐☐☐☐

Telephone No.

STUDENT NAME & ADDRESS

Last First

Street

City State Zip

☐ No. Requested

SEND TRANSCRIPT TO

For Direct Mailing in Window Envelope

The correct and legible address is the student's responsibility.

All official transcripts issued to students will have an "issued to student" stamp affixed to it.

RECORDS OFFICE USE

STAFF INITIALS _____

DATE MAILED _____

Please list all dates of attendance:

Begin: _____ End: _____

Have you received an NEIU degree? ☐ Yes ☐ No When? _____

List all names attended under: _____

Please Check Only **ONE** Box:

☐ Send immediately

OR

☐ Hold Request For:

_____ Current Term Grades (Circle One)

Fall Spring Summer

_____ Degree Posting
Term of Degree _____

_____ Incomplete Removal
Course No. & Term _____

_____ Evaluation of my records for completion of the Illinois General Education Core Curriculum

SIGNATURE DATE