



Transcripts, Report Cards, and Verification Form Request

- Instructions: 1) Complete Section 1.
 2) Fill in all information for your specific request(s) in Section 2.
 3) Complete Section 3.

Section 1

| | | | |
|---------------------------------------|---------------|--------|-----------------------|
| Last Name | First Name | MI | DeVry Student ID# |
| Mailing Address | | Apt. # | DeVry Person ID# |
| City | State | | Zip Code |
| Phone Number () | Previous Name | | Birth Date (mm/dd/yy) |
| Student/Alumnus Signature X | | | Date Signed |

Section 2

| | | | |
|--|--|--|--|
| *** Transcripts *** (complete if request is for transcript) | | | |
| Number of Copies Requested | Do you have a DeVry undergraduate degree? DeVry undergraduate degree holders may receive one transcript free of charge. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Payment Information: There is a fee of \$5.00 per copy for student transcripts. Check, money order or receipt of payment must accompany this request. Students may elect to pay by credit card. | | | |
| Credit Card Number | Expiration Date | | |
| Authorized Name | Date Authorized | | |
| *** Report Cards *** (complete if request is for report card) | | | |
| Number of Copies Requested | Select Term(s) <input type="checkbox"/> Current Term <input type="checkbox"/> 1 Term Prior to Current Term | | |
| *** Verification Requests *** (complete for verification requests indicated below) | | | |
| Select All That Apply | | | |
| Number of Copies Requested | <input type="checkbox"/> Certificate of Enrollment | <input type="checkbox"/> Other Verification – Attach additional documentation to this form (loan deferments, auto insurance discounts, etc) | |

Section 3 ***Delivery Information***

| | | | |
|--|-------|---------------------------------|--|
| How would you like us to provide the requested information? <input type="checkbox"/> Fax (indicate number below) Transcripts cannot be faxed. <input type="checkbox"/> Pick-up from DeVry <input type="checkbox"/> Mail (indicate address below) | | | |
| Mail/Fax Requested Information to the Following Location(s) | | | |
| School/Company Name | Attn. | Fax (if applicable) () | |
| Mailing Address (if applicable) | | | |
| City | State | Zip Code | |
| Additional Mail/Fax Information (if applicable) | | | |
| School/Company Name | Attn. | Fax (if applicable) () | |
| Mailing Address (if applicable) | | | |
| City | State | Zip Code | |

Mail or fax this request to:

DeVry University
Attn: Office of the Registrar
3600 South 344th Way
Federal Way, WA 98001
Phone: 253-943-2800 Fax: 253-943-3161