



# THE UNIVERSITY OF CHICAGO

**Office of the University Registrar**  
5801 S. Ellis Avenue, Admin 103  
Chicago, IL 60637  
Phone: 773.702.7891 Fax: 773.702.3562

## REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

\$15 per transcript  
(unless Lifetime Transcript Fee has been paid)

Name

Address

Phone

Email

Name while attending

Student ID number (6-digit)

Social Security Number (last 4 digits)

Dates of Attendance (approx.)

Date of Birth

\_\_\_ I will pick up \_\_\_ (quantity) transcripts of my academic record from this office.

\_\_\_ I want to have \_\_\_ (quantity) transcripts mailed to myself at the above address.

\_\_\_ I want to have \_\_\_ (quantity) transcripts mailed to the following third parties.

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Family Rights and Privacy Act of 1974 (FERPA) is a Federal law that protects the privacy of student education records. In accordance with FERPA, the University of Chicago does not disclose academic information to a third party without written consent of the student.

I, the undersigned, hereby authorize the University of Chicago to release my transcript to the recipients(s) I have noted above.

\_\_\_\_\_  
Name Date Amount Enclosed: \_\_\_\_\_

Special Instructions: