



REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

(This form cannot be used to order electronic transcripts.)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name while attending _____

Student ID # (6-digit) _____ Social Security # (last 4 digits) _____

Dates of attendance (approx.) _____ Date of Birth _____

Choose all that apply: I will pick up _____ (quantity) transcripts from the Registrar's Office.

Please mail _____ (quantity) transcripts to my address above.

Please mail _____ (quantity) transcripts to the following third parties:

1. _____ 2. _____

3. _____ 4. _____

Special Instructions _____

*Transcript Fees: \$15 per transcript (Free if Lifetime Transcript Fee has been paid)
\$65 for Lifetime Transcript Fee (one-time fee that gives access to unlimited free transcripts)
Mail a check/money order, payable to University of Chicago, and this completed request form to the address listed above.

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 transcripts to the recipient(s) I have noted above.

*Amount Enclosed \$ _____

Signature _____ Date _____

For office use only
Processed _____ by _____
Payment: None/LTF Cash Credit Check