



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 # (8-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: \$20 per transcript (Free if Lifetime Transcript Fee has been paid) \$100 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