



**International Transcript Return Request**

**Complete this section at any time prior to the start of the quarter:**

Student ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

Transcripts will be made available at the Admissions Office front desk for student pick up during the first week of the quarter. We are located at 1 E. Jackson Blvd., Suite 8500, Chicago, Illinois 60604.

**Complete this section after documents are received:**

I hereby verify that I have received my documents.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date