

## 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: \_\_\_\_\_

Daytime 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 243 South Wabash Avenue, Chicago Illinois 60604.

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

I hereby verify that I have received my documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date