

ROOSEVELT UNIVERSITY

Office of the Registrar, Chicago: 430 S. Michigan Ave., Chicago, IL 60605, Rm 124, (312) 341-3536 fax: (312) 341-3660
 Office of the Registrar, Schaumburg: 1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm 120, (847) 619-7952/7951 fax: (847) 619-7960
 Paralegal Studies Program : 430 S. Michigan Ave., Chicago, IL 60605 , (312) 281-3186

TRANSCRIPT REQUEST

STUDENT ID# or SS#: _____		Date of Birth: _____		Date: _____	
NAME: (Print) _____			FORMER NAME: _____		
ADDRESS: _____					
Street		City		State	
Zip					
Hm. Ph: (_____) _____		Wk. Ph: (_____) _____			
First Enrolled: _____		Last Enrolled: _____		Graduated: _____	
Undergraduate: _____		Graduate: _____		Doctoral: _____	
				Paralegal Studies _____	

CHECK APPROPRIATE BOXES:

_____ Hold for current term grades or a grade update.
 _____ Hold until my degree is posted (usually 2-3 weeks after day of graduation).

PLEASE SEND TRANSCRIPT (S) TO:

_____ **ME** Enter number of copies requested. Transcript will be sent to address above.
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