

## TRANSCRIPT REQUEST FORM

Please **type** in all shaded fields with your keyboard, print this form, **sign** it at the bottom & return by fax or mail.

I, \_\_\_\_\_ would like to request an official transcript of programs I attended through NUHS / Lincoln College of Postprofessional, Graduate and Continuing Education.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/PC \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mail the Official Transcript to the above address.

**OR**

Mail the Official Transcript to the following Institution / Board and me a courtesy copy.

Institution / Board \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/PC \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please include the following programs on the transcript:

| PROGRAM(S): | Date (Year) | Location (City/State) |
|-------------|-------------|-----------------------|
| 1 _____     |             |                       |
| 2 _____     |             |                       |
| 3 _____     |             |                       |
| 4 _____     |             |                       |

(If more space is needed please attach a list of any additional programs, dates and locations to this page)

Transcript Fees: **\$30.00** Typed request form with ~2-3 weeks for delivery

**\$10.00 additional** for express processing (~1-2 days + delivery)

All Transcripts are mailed with first class postage. For faster delivery options please contact our office.

### PAYMENT OPTIONS

Mastercard  Visa  American Express  Discover  CHECK (payable to NUHS/Lincoln College)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Signature** (Mandatory)  X

**Mail** completed form with payment info to:  
 NUHS / Lincoln College  
 200 E. Roosevelt Road  
 Lombard, IL 60148

OR

**Fax** completed form with payment info to:  
 630-889-6482