Transcript Request Form
DeVry University, 2450 Crystal Drive, Arlington, VA 22202

Please clearly print all information required in this section.
Illegible entries will delay processing of your transcript request.

Student Name: _________________________________________________________________
Street Address: _________________________________________________________________
City, State, Zip Code: ____________________________________________________________
Student ID Number: ________________________ Phone: _____________________________
Other name(s) used while attending (if applicable):
____________________________________________________________________________

Student Major/Major code: _______________________________________________________
Dates of Attendance: From ___________________________ to __________________________

Did you graduate? (Please check one) [ ] Yes [ ] No

Transcript type: [ ] Official transcript* [ ] Unofficial transcript*

Send to: [ ] Self (mailed to me) [ ] Self (pick up in Academics) [ ] Address below
____________________________________________________________________________
To the attention of…
____________________________________________________________________________
Business or school name (if applicable)
____________________________________________________________________________
Street Address
____________________________________________________________________________
City, State, Zip Code

*One official transcript is available to each student at no charge upon graduation; $5.00 is charged for any
other official/unofficial transcript. If paying by check, please make payable to DeVry University, or to pay
using a credit card, telephone the campus cashier at 703-414-4034.

Transcripts will not be released until payment is made.

Family Educational Rights and Privacy Act:
DeVry respects the rights and privacy of its students and acknowledges the responsibility to maintain confidentiality of
personally identifiable information. The Family Educational Rights and Privacy Act of 1974, as amended (the "ACT"), is a
federal law, which allows students to review certain educational records maintained by DeVry. This law also provides the
institution will maintain the confidentiality of the student’s education records. DeVry reserves the right to revise this policy, in
accordance with the ACT, at any time.

I hereby authorize the Registrar’s Office to release a copy of my transcript to the person, school or
business noted above.

____________________________________________  ________________________
Student Signature        Date

C: Student file