

Transcript Request Form for Shimer College Student

Regular Service: Free (Allow 1 Week for processing)



Date: _____

Name: _____

Last

First

M.I.

Former Name(s)

Shimer Student I.D.# _____ OR Last 4 SSN#: _____ & DOB: ____ / ____ / ____

Address _____

City/State _____ Zip _____

Email _____

Cell Phone # _____ Home Phone # _____

Number of Copies _____

Last Year Attended _____

Send Transcript to:

Name: _____

Address: _____

City / State: _____ Zip: _____

Additional destinations may be submitted on a separate page

Student Signature (REQUIRED): _____

Requests should be sent to the Office of the Registrar at North Central College

Mail requests to:

Office of the Registrar
North Central College
30 North Brainard St.
Naperville, IL 60540

Or Fax to: 630-637-5257

Or Scan and Email to registrar@noctrl.edu

(Office Use Only)

Received	Hold?	Sent