



TRANSCRIPT REQUEST
 5520 108th Avenue NE
 P.O. Box 579 Kirkland, WA 98083
 (425) 889-5228 • fax: (425) 889-5743 • registraroffice@northwestu.edu

Personal Information

Name (Include Prior/Maiden Names) _____

ID # _____ SS# _____ Date of Birth _____/_____/_____

Phone Number (_____) _____ E-mail _____

Current Mailing Address _____ City _____ State _____ Zip _____

Currently Enrolled at Northwest? YES NO Last Enrolled at NU: Semester / Year _____/_____

Send transcript for: Undergraduate Work (Bachelor's Degree) Graduate/Doctoral Work (MBA, MA, MIT, PsyD)

Signature _____ (Required to release transcript)

Unofficial Only: No Charge

Fax to: (_____) _____ - _____ Attn _____

Email to: _____

Send Official Transcript To: Check, Cash, Credit Card (see below): \$2 per copy

Number of Copies Requested To This Address _____

Pick Up

Fax (faxed copies are not official, but can be sent ahead of the official, mailed copy)

Fax Number (_____) _____ - _____ Attn _____

Mail To:

Institution _____

Attention _____

Address _____

City _____ State _____ Zip _____

Processing Information

- Transcripts are not issued until all **financial accounts** are paid.
- Processing time is **3-5 working days**.
- Transcripts include only the academic records for semesters completed at Northwest University – records for coursework completed at other institutions must be requested from each individual institution.
- Undergraduate and Graduate transcripts are separate and must be requested separately.

For Office Use Only

Approved for Release

Fee Paid(_____)

Accounting(_____)

Perkins Loan(_____)

Date Sent(_____)

Credit Card Information / \$2.00 per Transcript

Student ID# _____

Credit Card Info:

Authorize one-time payment of: \$ _____

Name as it appears on credit card: _____

Visa MasterCard Discover Card Number _____

Exp. Date _____ Zip Code for Billing Address: _____