

Transcript Request Form for Shimer College Student

(Allow 1 Week for processing)



Office of the Registrar

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: _____

Student Signature (REQUIRED): _____

(Electronic signature not accepted)

The first transcript is provided at no cost; a fee of \$7 will be charged for additional transcripts. Additional fees may apply for overnight, express, and international shipments. Payments can be made by check to North Central College or to the Business Office by calling 630-637-5689. Requests should be sent to the Office of the Registrar at North Central College. Additional destinations may be submitted on a separate page

Mail requests to:
Office of the Registrar
North Central College
30 North Brainard St.
Naperville, IL 60540

Fax to:
630-637-5257

Scan and Email to:
registrar@noctrl.edu

(Office Use Only)

Sent	Received	Hold