



Northeastern University

College of Professional Studies

Request for Previous High School/College Transcript

This is a formal request that a signed and sealed official transcript be forwarded to:

**Northeastern University, College of Professional Studies
Graduate Application Processing Center
P.O. Box 8150
Portsmouth, NH 03802 USA**

Student Information:

Full Name

Other name(s) under which transcript may be found

Address

Phone number

Email address

Social Security Number

Date of Birth

School Name

Dates Attended

I give permission for the above mentioned third party to inspect or secure a copy of my student record.

Signature

Date