NORTHLAND
INTERNATIONAL UNIVERSITY

TRANSCRIPT REQUEST

Applicant: Please complete and send this form to the college or university you have attended. Be sure to emit transcript fees as required by the school.

Name:_____
Last First Middle

Address:_____

City: _____ State: _____ Zip: _____ Phone: _____

Dates Enrolled: _____

I have applied for admission to the graduate program at Northland International University. I hereby authorize you to release my college records and other information requested to the following:

Graduate School Office
Northland International University
W10085 Pike Plains Rd.
Dunbar, WI 54119

Signature: _____ Date: _____