

**AUDIT REQUEST FORM**

Please **type** in all shaded fields with your keyboard, print this form, **sign** it at the bottom & return by fax or mail.

I,  would like to request an audit of programs I attended through NUHS / Lincoln College of Postprofessional, Graduate and Continuing Education. Please mail the completed audit to:

First Name  Middle Initial   
Last Name   
Address   
City  State  Zip/PC   
Phone

☐ Check this box if you would prefer to have the audit emailed to you.

Email:

Please include the following programs on the audit:

PROGRAM(S):	Date (Year)	Location (City/State)
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

(If more space is needed please attach a list of any additional programs, dates and locations to this page)

Audit Fee: **\$15.00** Please allow ~2-3 weeks for delivery

**PAYMENT OPTIONS**

☐ Mastercard ☐ Visa ☐ American Express ☐ Discover ☐ CHECK (payable to NUHS/Lincoln College)

Account Number  Expiration Date  Security Code

**Signature** (Mandatory)   X  

**Mail or Fax** completed audit request form with payment info to:

NUHS / Lincoln College  
200 E. Roosevelt Road  
Lombard, IL 60148  
Fax 630.889.6482