



LOYOLA
UNIVERSITY
NEW ORLEANS

TRANSCRIPT REQUEST

PERSONAL INFORMATION:

Name _____ SSN: ____ - ____ - ____
Last First Middle

Maiden: _____ Name used while attending: _____

Dates of attendance _____ to _____ Date of birth: _____

LU Degree conferred _____ Date: _____

SPECIAL INSTRUCTIONS:

____ Number of transcripts (s) to be sent to address below

____ Send transcripts immediately

____ Hold for grades, term _____

____ Hold for posting of degree, term _____

____ Hold for change of grade in course _____, term _____

____ Place in sealed envelope

____ Hold will pick up personally

____ Indicate 'O' for official or 'U' for unofficial transcript

____ if Law student, please check

Effective January 1, 2003 there is no charge for this service Complete a separate form for each recipient. Transcripts are normally mailed within 24 hours of receipt of this form. During the period of recording of grades and other peak periods, additional time may be needed.

YOUR CURRENT ADDRESS:

Daytime Telephone # (____) ____ - ____

Email: _____

**NO TRANSCRIPT WILL BE
FURNISHED TO ANY STUDENT
WHOSE FINANCIAL OBLIGATIONS
TO THE UNIVERSITY HAVE NOT
BEEN MET.**

STUDENT SIGNATURE: _____ DATE: _____

SEND TRANSCRIPT TO: (Please print)

**PRINT AND MAIL OR FAX THIS
REQUEST TO:
Loyola University New Orleans
Office of Student Records - Transcripts
6363 St. Charles Avenue, Box 2
New Orleans, La. 70118
(504) 865-3237
(504) 865-2110 - Fax**