



**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
- ____ Place in sealed envelope
- ____ Hold will pick up personally

Additional Instructions - _____

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.

YOUR CURRENT ADDRESS:

Daytime Telephone # (____) _____ - _____
 Email: _____

STUDENT SIGNATURE: _____ **DATE:** _____

SEND TRANSCRIPT TO: (Please print)

**PRINT AND MAIL, EMAIL OR
 FAX THIS REQUEST TO:**

**Loyola University New Orleans
 Registrar's Office - Transcripts**

**6363 St. Charles Avenue, Box 2
 New Orleans, La. 70118**

(504) 865-3237

(504) 865-2110 - Fax

registrar@loyno.edu