



TRANSCRIPT REQUEST FORM

Lourdes University - Registrar
6832 Convent Blvd.
Sylvania, Ohio 43560
Fax: 419-824-3962
Phone: 419-824-3816

Please Complete the Following Information:

Student Name:		
_____	_____	_____
Last	First	M.I.

SSN/Student I.D. _____
DOB: _____

THE ADDRESS INFORMATION YOU PROVIDE BELOW WILL BE USED TO UPDATE OUR RECORDS. PLEASE CHECK BOX TO THE RIGHT IF YOUR ADDRESS NEEDS UPDATING.	<input type="checkbox"/>
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Student Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Previous Name(s) (if applicable): _____ <i>IF YOU HAVE A NAME CHANGE, PLEASE PROVIDE DOCUMENTATION SUCH AS A COPY OF YOUR MARRIAGE LICENSE OR DIVORCE DECREE.</i>

- Hold Transcript Until Grades Posted
- Hold Transcript Until Graduation
- Pick-up (Date to be Picked up in Registrar's Office _____)
- Number of **Official** (sealed envelope) Transcripts _____
- Number of **Unofficial** Transcripts _____

<input type="checkbox"/> PLEASE CHECK HERE IF YOU ATTENDED PRIOR TO 1987

Please PRINT Mailing Address Where Transcript(s) Are to Be Sent:

SIGNATURE: _____ **DATE:** _____

(NOTE: TRANSCRIPT(S) CANNOT BE RELEASED WITHOUT SIGNATURE)