

TRANSCRIPT REQUEST FORM



LOURDES
UNIVERSITY

TO: _____
(Name of Previous School)

Location of School: _____
(City, State)

Date(s) of Attendance: _____

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

SOC. SEC. #: - - _____ PREVIOUS LAST NAME: _____

PHONE: - - _____ BIRTHDATE: _____

SIGNATURE: Please see attached. _____ DATE: _____

*Please forward an OFFICIAL
copy of my transcript to:
Lourdes University
The Office of Admissions
6832 Convent Boulevard
Sylvania, OH 43560
419.885.5291*