

LORAS COLLEGE TRANSCRIPT REQUEST FORM

Return the *signed* form to the Registrar's Office by mail, Loras College, Mail #1, Dubuque, IA 52004-0178 or by fax (563) 588-4962.

PERSONAL INFORMATION:

PLEASE PRINT!

Name: (last, first, middle)		
Former Name: (i.e. maiden)		
Street Address:		
City:	State:	Zip:
Daytime Phone Number:		
Social Security Number:		
Date of Birth: (month, day, year)		
Are you currently enrolled? (circle one) YES NO		
Approximate Dates of Attendance or Year of Graduation:		
Credits Obtained: (circle all that apply) Undergraduate Graduate		
Signature:		Date:

SEND TRANSCRIPT: ___ To Address Listed Above Now OR check all of the following that apply

REQUEST #1: ___ Now ___ After Grades Are Available ___ After Degree Notation ___ I Will Pick Up

Mail ___ (NUMBER OF TRANSCRIPTS) To:

Name:
Mailing Address:
City, State, Zip:

REQUEST #2: ___ Now ___ After Grades Are Available ___ After Degree Notation ___ I Will Pick Up

Mail ___ (NUMBER OF TRANSCRIPTS) To:

Name:
Mailing Address:
City, State, Zip: