



Transcript Request Form

PLEASE NOTE: The charge per transcript is \$10.00. Address checks to Loras College.

Personal Information

Full name (please print): _____
Last First Middle (Maiden/Other)

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: Cell _____ Home _____

Date of Birth: _____ Last four of SSN or Loras ID: _____
Month Day Year

Did you attend prior to 1984? Yes No List approximate dates of attendance: _____

Please select the types of credits you earned: Undergraduate/Graduate Lead America Continuing Education

Indicate where you would like the transcript sent and when: # of copies: _____

Now

After Degree Notation

After Grades Are Posted

Student Signature: _____ Date: _____

PLEASE MAIL COMPLETED REQUEST FORM AND PAYMENT TO:

Loras College
Office of the Registrar
Mail #1
1450 Alta Vista St.
Dubuque, IA 52001

Office Use Only

Processed by: _____ Date: _____