



LORAS COLLEGE™

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

Transcript Request Form

of copies: _____

Personal Information

Prefix: Ms., Mrs., Mr.

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

Address: _____

City _____ State _____ Zip _____

Email Address: _____

Telephone: _____
(____) _____ Home (____) _____ Cell

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 one of the following: Undgraduate/Graduate Lead America Continuing Education

Indicate where you would like the transcript sent and when:

_____ Now
After Degree Notation
After Grades are Posted

Student's Signature: _____ Date: _____

PLEASE MAIL COMPLETED REQUEST FORM AND PAYMENT TO:

*Registrar's Office
Loras College
Mail #1
1450 Alta Vista St.
Dubuque, IA 52001*

For office use only:

Processed by: _____ Date: _____