



# LORAS COLLEGE™

## 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: \_\_\_\_\_

Last Reviewed 7/2/2019