Academic Transcript Request Form

- This form is to be sent to the University or College you previously attended. This would include institutions where you received a degree or completed coursework transferred from other institutions that make up your degree requirements.
- This form is not required but is supplied for your convenience in applying to any of the La Salle University’s graduate programs.
- Any transcript request fees required from each institution should be sent along with this form to speed the process of your request.
- La Salle University requires official transcripts that bear an official seal and/or signature.

Applicants Name: ____________________________________________________________
Institutional Identification Number:________________________________________________
Please indicate any other name that might appear on credentials supporting this application:__________________
School:__________ ____________________________________________________________
Date(s) of Enrollment:_________________ Degree and Year:___________________________

I hereby authorize the release of my academic transcript to La Salle University.
Please send it directly to the following address:
La Salle University
Office of Graduate Enrollment
Box 826
1900 West Olney Avenue
Philadelphia, Pennsylvania 19141

Thank you for your assistance.

Applicant’s Signature ___________________________ Date__________________________

Institutional Comments:

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