



OFFICE OF THE UNIVERSITY REGISTRAR  
1900 West Olney Avenue – Box 818  
Philadelphia, PA 19141

### Transcript Request Form (for Apostille)

**Personal Information:**

**Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Student ID# or SS#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Are you currently enrolled at La Salle?** \_\_\_ Yes \_\_\_ No, **Dates of Attendance:** \_\_\_\_\_

**Please indicate the *number* of transcripts per level that you are requesting:**

**Undergraduate:** \_\_\_\_\_ **Graduate:** \_\_\_\_\_ **Doctoral:** \_\_\_\_\_

**Send Transcript(s):** \_\_\_ Immediately upon receipt of request  
\_\_\_ After final grades are posted  
\_\_\_ After degree has been conferred

Please print the address where you would like to have your transcript(s) sent. Include a department and/or contact person where applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*No request will be honored for those individuals with outstanding balances owed to\*\*  
La Salle University.**