



La Salle University  
Office of the University Registrar  
1900 West Olney Avenue  
Philadelphia, PA 19141

### Transcript Request Form

Name: \_\_\_\_\_ Other Name Used: \_\_\_\_\_

Student ID or last 4 digits SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Currently enrolled: No: \_\_\_\_ Yes: \_\_\_\_ If no, when did you attend: \_\_\_\_\_

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

Undergraduate: \_\_\_\_ Graduate: \_\_\_\_ Doctoral: \_\_\_\_ CEU: \_\_\_\_

**Please note: Each level is on a separate transcript.**

**When do you want the transcript processed?**

Now/Process as is: \_\_\_\_ After final grades are posted: \_\_\_\_ After degree is conferred: \_\_\_\_

**Reason for Transcript:**

Employment: \_\_\_\_ Study abroad: \_\_\_\_ Graduate school: \_\_\_\_ Scholarship: \_\_\_\_

Transferring: \_\_\_\_ Self/other: \_\_\_\_ Grant/Fellowship: \_\_\_\_ College/University: \_\_\_\_

**Print detailed address where you would like to have your transcript sent, including contact person where applicable:**

Name: \_\_\_\_\_

Company/School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All fees are per transcript.**

**Payment by check, cash, or money order payable to La Salle University - \$10.00 per copy.**

**Please allow up to five to seven business days for processing.**

**Except where prohibited by applicable law, outstanding financial obligations will prevent the release of a transcript.**