



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

Transcript Request Form

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

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

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

Currently enrolled \_\_\_ Yes \_\_\_

If no, when did you attend: \_\_\_\_\_

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

**Each level is on a separate transcript:**

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

Send transcript(s):

Immediately: \_\_\_ After final grades are posted: \_\_\_ After degree is conferred: \_\_\_

Reason for Transcript:

Employment: \_\_\_ Graduate school: \_\_\_ Transferring: \_\_\_

Study abroad: \_\_\_ Scholarship: \_\_\_ Self/other: \_\_\_

**Please 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.**

**Outstanding financial obligations will prevent the release of a transcript.**