



LOYOLA

UNIVERSITY MARYLAND

Records Office

4501 N. Charles Street

Baltimore, MD 21210-2699

Transcript Request Form

| | | | | | |
|-----------------------------|---------------------|------------|---------------|----------------|--|
| Student ID or SS# | | Cell Phone | Home Phone | E-Mail Address | |
| Last Name | | | First Name | | M.I. |
| Name Previously Used | | | Date of Birth | | Check if applicable: <input type="checkbox"/> New Address Information |
| Address | | | City | State | Country Zip Code |
| Class of (Current Students) | Dates of Attendance | Degree | Major | | |

General Information

- Official transcripts are mailed directly to third parties with student's written approval.
- Official transcripts can be issued to students for inclusion in an admission packet, etc.
- Partial transcripts are not issued. Transcripts show all work completed at this institution.
- Transcripts from other colleges cannot be duplicated. You must contact the other institution directly for copies of transcripts.
- Allow one week for processing during the semester, three weeks at the beginning and end of the semester.

| | | | |
|---|--|---|---|
| Transcript Type: Official: \$5.00 per copy Unofficial: No charge | # Official Copies: # Unofficial Copies: | Special Instructions: <input type="checkbox"/> Send Transcript Immediately <input type="checkbox"/> HOLD–Study Abroad Grades <input type="checkbox"/> HOLD–Current Semester Grades <input type="checkbox"/> HOLD–Degree/Certification to be posted <input type="checkbox"/> HOLD–Grade Changes | Pick-Up Information or Mailing Address: (use reverse if additional space is required) |
| Institution/Student Status: (Check all that apply) | | | |
| <input type="checkbox"/> Loyola | <input type="checkbox"/> Undergraduate | | |
| <input type="checkbox"/> Mt. St. Agnes | <input type="checkbox"/> Graduate | | |
| <input type="checkbox"/> School of Record (Newcastle) | <input type="checkbox"/> Teacher Certification | | |

Payment Information

- Payment for official transcripts must be made at the time of the request. If mailing this request, please do not send cash.
- Transcript services are withheld for any student who has an outstanding debt with the University.

| | |
|--|--------|
| Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order | Amount |
| Student's Signature | Date |

This transcript is released with the understanding that the recipient will not permit any other party to have access without prior written consent of the student in accordance with the Family Educational Rights and Privacy Act of 1974.

– RECORDS OFFICE –

Date Issued:

Pickup Date: