

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____ Date _____

Last Name _____ First Name _____ M.I. _____

Name used when attending the institution above

Last Name _____ First Name _____ M.I. _____

Semester and Year of last attendance _____

Social Security # _____ Birthdate _____

Number of official copies requested _____

() Issued to student (1) Issued to Lewis University Graduate and Adult Recruitment

Address to which transcript to be mailed

Lewis University
Office of Undergraduate Admission - Unit 297
One University Parkway
Romeoville, IL 60446-2200

Student's address and phone number

A check for \$ _____ is attached to cover the cost of transcripts.

Student's Signature

