

Student Restrictions (Registrar Office Use Only):

Restriction:

☐ Clear

Log

Staff Initials:

Transcript Request Form

This form may be faxed, mailed, emailed or hand carried to: Our Lady of the Lake University Registrar's Office 411 S.W. 24th St.

San Antonio, TX. 78207-4689 Phone # (210) 434-6711 ext.2316 Fax # (210) 436-2314

Email: registrar@lake.ollusa.edu

Official Transcripts are \$5.00 per transcript. Payment is due upon request.

Normal Processing time is 2-3 business days from the date of when the request was received, excluding delivery. Delays will occur

	ring peak periods, such as registration, graduation, and at the end ryour request to be processed. <i>NO EXCEPTIONS</i> .	of th	e semester. All sections on the form must be complete in order	
Sec	ction I- Student Information			
	rections to Student: Please provide all information requested be te: You will be notified by mail or email of any restrictions that we			
Full Name: Last First			ID#:	
Address:		N		
Email:			State Zip Phone #:	
Former Name(s):				
Dates of Attendance:				
<u>/</u>	Purpose of Transcript			
	Employment			
	Graduate School			
	Scholarship			
	Transferring to:			
	Taking additional courses at:			
Mailing Address 1		Mailing Address 2	ficial transcript(s) to the following address(es) below:	
	ction III- Transcript Handling Instructions (Check all that apply			
✓	Processing Instructions MAIL with regular process (2-3 business days)	✓	Processing Instructions Hold for Degree Posting	
	SAME-DAY-SERVICE (\$10+ General Fee per Transcript) not available if request is received after 1:00 p.m., CST. Transcript will be mailed the next business day. OVERNIGHT (\$25+General Fee per Transcript, for each address) not available if request is received after 1:00 p.m., CST. Transcript will be mailed the next business day.		Hold for CURRENT semester grades Issue in separate sealed envelope(s) — transcripts will be sealed in individual envelopes. If this option is not selected all transcripts requested will be sealed in an envelope together.	
Nu	Number of Transcripts Requested: Total Amount Due: \$			
I c	ertify that I am the person whose name appears on the lademic records to the address(es) listed. Transcripts will	ll no	t be issued until all restrictions are cleared.	
Signature:Date:			Date:	
_	yment Method (Office Use Only):			
1 1	Cash Check Credit Card Money Order A	Amour	nt Paid: \$ Staff Initials:	