

LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. JESUIT.

Office of the Registrar
1419 Salt Springs Rd
Syracuse, NY 13214
Phone: (315) 445-4456
Fax: (315) 445-4752

TRANSCRIPT REQUEST FORM

Name: _____ ID # or SSN: _____
(Last) (First) (MI)

Former/Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

E-mail Address: _____

Date of Birth: _____

Signature: _____ Date: _____

Type of Transcript Requested:

Unofficial

- Unofficial transcripts are free of charge and can be faxed.
- Number of transcripts requested: _____

Official

- First official transcript ever requested is free of charge
 - after that each transcript requested carries a \$5.00 fee (cash/check/money order).
- Official transcripts CANNOT be faxed or e-mailed.
- Number of transcripts requested: _____ Fee: \$ _____

Dates of Attendance:

- _____
- Undergraduate
 Graduate

Purpose of Transcript:

- Application to Graduate or Professional School
- Employment
- Academic Leave of Absence or Study Abroad
- Summer School
- Transfer to: _____
- Personal Use
- Other (specify): _____

Please Check one:

- Mail Transcript
- Fax Transcript (Unofficial ONLY)
- Hold for pick-up; Date: _____
*Must show picture ID
- Hold for grades ____ Fall ____ Spring
____ SS1 ____ SS2 or SS3
- Hold until Degree is posted

Print the complete address or fax number of the transcript recipient:

Registrar's Office use only:

Date rec'd: _____

Date processed: _____

Paid: _____

Init.: _____