

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____ Date _____

Last Name _____ First Name _____ M.I. _____

Name 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 Issued to Lewis University School Counseling and Guidance Program

Address to which **transcript** should be mailed: **Lewis University**
MA School Counseling & Guidance Program
One University Parkway
Romeoville, IL 60446-2200

Student's address and telephone number

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



Student's Signature _____