

# 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 Admission

Address to which transcript to be mailed

**Lewis University**  
**Office of Graduate and Adult Admission - Unit 1213**  
**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

