

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 # _____ Date of Birth _____

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 Signature

