



# Transcript Request

## LOYOLA UNIVERSITY CHICAGO

Office of Registration and Records  
820 N. Michigan, Ste. 510, Chicago, IL 60611  
Phone: 312.915.7221; Fax: 312.915.6452  
Transcripts@luc.edu

Preparing people to lead extraordinary lives

Use this form only if LOCUS is unavailable to you or if you are also requesting an Advanced Placement (AP) letter, need other third party forms to accompany your transcript or if requesting a transcript for courses taken prior to 1983. After completing and signing (required) this form, it may be sent to the address above or e-mail to Transcripts@luc.edu. **Pre-mailing processing time for both regular and expedited shipment is 7-10 business days, it may take longer during peak times. Please indicate critical deadline dates and we will do our best to accommodate your request.** All former and current students with LOCUS IDs are strongly encouraged to use LOCUS to request official transcripts.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student ID (or SSN last 4 digits only\*): \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Dates of Attendance or Graduation: \_\_\_\_\_ Degrees Earned: \_\_\_\_\_

Have you used any other Name(s)?  Yes or  No

If Yes, please list other Name(s) used: \_\_\_\_\_

School / Department: \_\_\_\_\_

Please send  1 or  2 or  3 transcript(s) to me at the address above (limit 3 to any one addressee) or as indicated below.

1 or  2 or  3 to WTC Registration & Records, Lewis Towers, Suite 510 for pickup within 2 business days, after 2PM.

1 or  2 or  3 to LSC Sullivan Center HUB for pickup within 2 business days, after 2PM.

1 or  2 or  3 transcript(s) to the third party listed below.

and:  Provide an Advance Placement (AP) Verification Letter with each transcript.

Complete and attach the third party form I have provided.

### Third Party Mailing Information (one request form per Third Party recipient):

Recipient Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City / State / Zip Code / Country: \_\_\_\_\_

### Delivery Information:

- All transcripts are mailed via regular first class United States Postal Service mail at no cost to the student. We are unable to Fax or E-mail transcripts.
- For expedited mailing requests, payment for this service can be made at the following site: [Registration and Records Mailing Services](#). Choose the option that says "Mailing Services for Transcripts".

Check here if this order will require an expedited mailing service. (Payment for expedited mailing is not an order. Submit this Form to Request your transcript). This line must be checked so that we can verify your payment. If left unchecked, your order will be sent via regular first class USPS mail.

All transcripts requiring expedited mailing will be processed when the payment for this service is made at the Registration and Records Mailing Services site listed above.

Please share any additional information that may be helpful to this request:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Unsigned transcript requests cannot be processed.** Transcripts cannot be processed for students with outstanding Loyola University Chicago financial obligations. If you have questions regarding financial holds on your record, please call the Office of the Bursar (773-508-3180), or the Office placing the hold. \*SS# and Date of Birth not needed if Student ID is provided.