



OUR LADY OF THE LAKE COLLEGE

Franciscan Missionaries of Our Lady Health System

OFFICIAL TRANSCRIPT REQUEST FORM

**Office of the Registrar
7434 Perkins Road
Baton Rouge, LA 70808
Ph. (225) 768-1700
Fax (225) 768-1726**

PLEASE PRINT CLEARLY

Name: _____
Last First Middle/Maiden

Add'l name(s) your record may be under: _____

Daytime Phone: _____ XXX-XX-_____
Last 4 digits of Soc. Security number

I am currently attending: Yes No Year/Semester last attended: _____

Check **all** that you participated in: Undergraduate Graduate Health Care Institute

Degree Earned at OLOL: _____ Date Awarded _____

SERVICE REQUESTED -----

- ◆ Please allow 24 hours for processing (e.g. requests received at 10:00 AM may be picked up at 10:00 AM the following day).
- ◆ Requests received during specified times of the semester will be processed within 48 hours.

Hold for pickup (number to be picked up.) Pickup Date: _____

Hold for final grades (requests received during the week that final grades are due will not be processed until after that semester's graduation.)

Please mail total transcripts to the following addresses (attach an additional page if you need to mail to more than 2 addresses.)

Name: _____

Name: _____

Address: _____

Address: _____

I understand that transcripts will not be issued until all financial and/or other obligations to the College are cleared.

Signature: _____ **Date:** _____

Required for release of transcripts

Person other than myself that I authorize to pick up transcript: _____

Please Note:

- ◆ **Holds for financial and/or other obligations to the College will prevent transcript release.**
- ◆ There will be a charge of \$1.00 per transcript **if exceeding 3 copies at a time.** When requesting more than 3 transcripts please pay your fee at the Business Office before submitting this form to the Registrar's Office.
- ◆ **All** official transcripts are mailed in a sealed envelope signed across the flap with the Registrar's signature.

Pursuant to Federal Law 93-380, this personal information is transferred only on the condition that you will not permit any other party to have access to such information without the written consent of the student. Having so transferred such information, OLOL COLLEGE disclaims further responsibility.