Office of the Registrar
Transcript Request Form

4123 Woodland Dr. New Orleans, LA 70131
Office Hours: M-F 8:00am to 5:00pm ~ Telephone: 504-398-2235 ◆ 504-392-9460 Fax

INSTRUCTIONS

Please note the following: 1. This form is void until signed. 2. All financial obligations must be reconciled before transcripts will be released. 3. Please indicate the CORRECT address(es), name(s) of person(s), or apartment number where the transcript is to be delivered. Our Lady Holy Cross College's Office of the Registrar takes no responsibility for incorrect mailing information.

Step 1 - Complete the form
Step 2 – Print / type the required information in the spaces below
Step 3 - Sign the form

_____/_____/_____ _____
Today's Date mm/dd/yyyy **Name while attending OLHCC** Last First Middle

_____ _____
Student ID Number **Name if different from above** Last First Middle

_____
Street (Local Address)

_____ _____ _____/_____/_____
City **State** **Zip Code** **Telephone No.** **Date of Birth** mm/dd/yyyy

□ I am Currently Enrolled OR Last Attended **OLHCC**: □ Spring Semester _____ □ Fall Semester _____ □ Summer Semester _____

□ I am requesting my UNDERGRADUATE TRANSCRIPT □ I am requesting my GRADUATE TRANSCRIPT

I hereby authorize Our Lady of Holy Cross College to release the transcript of my academic record.

_____
Signature of Student (required)

☐ Hold for Pick-Up ☐ Mail transcript(s) immediately ☐ Mail transcript(s) after final grades are posted

☐ Mail after posting of degree ☐ Hold for Posting of Degree

PLEASE ALLOW 3-5 (Three to Five) BUSINESS DAYS FOR REGULAR PROCESSING

Please mail transcript(s) to the following address(es): ***Please print clearly***

1)_____ 2) _____
_____ _____
_____ _____
_____ _____

Send _____ Copies Send _____ Copies

3)_____ 4) _____
_____ _____
_____ _____
_____ _____

Send _____ Copies Send _____ Copies

Total Number of Transcripts Ordered: _____

For Office Use Only: Date Sent: _____ Hold(s):_____ Student Notified: _____