



Office of the Registrar, 4123 Woodland Drive, New Orleans, LA 70131

Phone: (504) 398-2235

Fax: (504) 932-9460

### TRANSCRIPT REQUEST

**ALL FINANCIAL OBLIGATIONS TO THE COLLEGE MUST BE CLEARED AT THE TIME OF ISSUE**

Transcript requests are processed as rapidly as possible and are usually honored within one (1) day of request. One week should be allowed for a request made at the end of any semester or summer term.

Name as it appears on your Our Lady of Holy Cross College record:

\_\_\_\_\_  
Last First Middle Maiden / Other Names

\_\_\_\_\_  
Mailing Address: City State Zip Code

\_\_\_\_\_  
Home phone (including area code) Cell phone (including area code)

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Email Address I have an OLHCC: Bachelor's Degree Master's Degree

**LAST ENROLLMENT:**  Current  Fall  Spring  Summer YEAR \_\_\_\_\_

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

\_\_\_\_\_  
Signature for release of transcripts Date

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, OLHCC disclaims further responsibility.

\_\_\_\_\_ **Hold for Semester Grades** \_\_\_\_\_ **Hold for Grade Change in**

**MAIL TO THE ADDRESS BELOW (Please Print)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

**Number Requested:** \_\_\_\_\_

**Date Sent:** \_\_\_\_\_