



UNIVERSITY of
NEW ORLEANS

OFFICE OF ADMISSIONS

Request for Transcript of Credit

Date: _____

TO: Registrar

Institution

City/State/ZIP

Please send one (1) copy of my official transcript to:

University of New Orleans
Office of Admissions
103 Administration Building
Lakefront
New Orleans, LA 70148

I attended your institution from _____ to _____.

Signature of Student

PLEASE PRINT:

FULL NAME (INCLUDE MAIDEN OR OTHER PREVIOUS SURNAMES)

DATE OF BIRTH

PRESENT ADDRESS

CITY/STATE/ZIP

TO THE STUDENT REQUESTING THE TRANSCRIPT: Most institutions require the payment of a fee (usually \$5.00 per transcript) before issuing transcripts. You may save time by including your payment with this request. If you have married or changed your name since attending this institution, please give the name in which your record will appear.

SEND THIS FORM DIRECTLY TO THE INSTUTION(S) PREVIOUSLY ATTENDED.