



## Loma Linda University School of Allied Health Professions

### Official Transcript Request

Request to Institution:

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

Address: \_\_\_\_\_

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

Requesting Transcript for:

Student Name \_\_\_\_\_  
Last First Middle

Maiden Name if applicable: \_\_\_\_\_

Years attended: \_\_\_\_\_

Social Security # \_\_\_\_\_

LLU Allied Health program you are applying for: \_\_\_\_\_

Please note: Hand delivered transcripts (sealed or unsealed) will not be accepted as official. Most institutions require a small fee for processing transcript requests.

Please have transcripts mailed directly from your previous institution to the following address.

Loma Linda University  
School of Allied Health Professions  
Office of Admissions  
Nichol Hall Rm 1605  
Loma Linda CA 92350  
Atten: (Program of choice)