



TRANSCRIPT REQUEST FORM

PERSONAL INFORMATION

*Indicates Required Field †Indicates Rollover Button

FOR OFFICE USE ONLY

LLU ID# or Social Security Number:* _____

Date _____ UR Initials _____

Name: Last* _____ First* _____ Middle _____

Amount _____ Cash Check CC

Suffix (Jr., III, etc.) _____ Previous names used while in attendance (i.e. maiden) _____

Date of Birth: (MM/DD/YYYY)* _____ / _____ / _____

Additional Information:

First Year of Attendance:* _____ LLU School Attended:* _____

Last Year of Attendance:* _____ LLU School Attended:* _____

Current Mailing Address:

E-mail Address: _____

Address* _____ Daytime Phone:* _____

City* _____ State* _____ Zip* _____ Country _____

TRANSCRIPT REQUEST

Send* # _____ of Transcript(s) type† _____ to:

Send* # _____ of Transcript(s) type† _____ to:

Issued To* _____

Issued To* _____

Address* _____

Address* _____

City* _____ State* _____

City* _____ State* _____

Zip* _____ Country _____

Zip* _____ Country _____

Fax# _____

Fax# _____

Total Transcripts Requested: _____ Available transcript types:† See form instructions.

Advance Payment Due: \$ _____ (Regular processing time—approximately 1 week; Rush processing time—2 business days)

Payment Method:

Check or Money Order Charge LLU Student Account (Current students only) Cash

Credit Card: Card Type† _____ Credit Card # _____ Verification #† _____

Name as it appears on card: _____ Expires _____ / _____ (month/year)

Send Payment and Request Form To:

Office of University Records

Attn: Transcripts

Loma Linda University

Loma Linda, CA 92350

It is not recommended to mail cash payments. Payments for processing transcripts are not refundable.

Make checks and money orders payable to "Loma Linda University" and include your LLU ID# or social security number on the check.

FAX Number: 909-558-4879 (Credit Card and Student Account payments only. Confidentiality of FAX transmissions cannot be guaranteed)

Special Instructions:

Send now – do not hold. Hold for pickup Send FedEx or Express Mail (Appropriate charges enclosed)

Send after grades are posted: Quarter _____ Year _____ (e.g. Fall 2003)

Send after grade changed in _____ (course and term) (e.g. PSYC 226, Fall 2003)

Send after _____ degree is posted. (e.g. BS, MPH, MSW, PhD)

Student's Signature: _____ Date: (MM/DD/YYYY) _____

Additional Information:

- A transcript will not be issued until all outstanding obligations due to the University are cleared.
- In accordance with federal law, transcripts cannot be released without written consent of the student.

If you have any questions please email Registrar@llu.edu or call (909) 558-4508 or (800) 422-4558