



University of Holy Cross Unofficial Transcript Request Form

Office of the Registrar 4123 Woodland Dr. New Orleans, LA 70131

Telephone: 504-398-2235

Office Hours: Monday-Thursday 8:00am-4:30pm, Friday 8:00am-3:00pm

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), and/or apartment number where the transcript is to be delivered. University of Holy Cross Office of the Registrar takes no responsibility for incorrect mailing information.
4. Please allow 3-5 business days for processing.

This request will not be processed if there are any existing holds on your account.

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

Student ID Number Name if different from above Last First Middle

Street Address

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

I am currently enrolled

OR

Last attended UHC: Spring Semester _____ Fall Semester _____ Summer Semester _____

I hereby authorize University of Holy Cross to release the unofficial transcript of my academic record.

Signature of Student (required)

Choose one: Hold for Pick-Up Mail Email PDF

Choose one: Immediately After Final Grades Are Posted After Posting of Degree

Please email unofficial transcript PDF to the following:

1) _____
Recipient's Name

Email Address

Quantity: _____

2) _____
Recipient's Name

Email Address

Quantity: _____

Please mail unofficial transcript to the following:

1) _____
Recipient's Name

Street Address

Address 2

City State Zip Code

Quantity: _____

FOR REGISTRAR'S OFFICE USE ONLY

Processed by: _____

Date: _____