



CITY COLLEGE

REQUEST FOR TRANSCRIPTS

Date: _____

TO: REGISTRAR

Institution

City

State

Zip

Please send one copy of my official transcript of academic record to:

Loyola University New Orleans
City College
6363 St. Charles Avenue
Campus Box 14
New Orleans, LA 70118

(Please Print)

Name (during attendance)

Social Security Number

Date of Birth

Present Address

I attended your institution from) _____ to _____.

Signature