



Petra College

1814 North Morrison Blvd., Suite A&B ♦ Hammond, LA 70401

Phone: 985-318-7880 ♦ Fax: 985-318-7378

## Transcript Request Form

This request may be mailed to the above address or can be faxed to 985-318-7378.

**Note: Students with holds on their account will not receive official transcripts until holds are cleared.**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

Maiden/Former Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### WHAT are you requesting? (Check all that apply)

# of Official: \_\_\_\_\_ # of Unofficial: \_\_\_\_\_

### WHEN should we mail the transcript and/or shot record?

Send now \_\_\_\_\_ Hold for program completion \_\_\_\_\_

### HOW would you like it delivered?

Pick up now: \_\_\_\_\_ Fax to: \_\_\_\_\_

Can be released to: (With proper ID) \_\_\_\_\_

#### Mail to:

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

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

Attn: (If Applicable) \_\_\_\_\_

Attn: (If Applicable) \_\_\_\_\_

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

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

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

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

**Official Transcripts:** Please allow two (2) business days for processing.

**Additional processing time may be required:  
during holidays, final grade processing, at the end of program, and/or unforeseen system problems**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_