Hold for current semester grades: \Box YES \Box NO



REQUEST FOR TRANSCRIPT

It is our goal to process your transcript within 24 hours of receipt. However, peak times such as registration and graduation or archived records may cause a delay of up to 5 business days.

*Photo Identification Required when requesting transcript

Student ID:			Date of Birth:		
Name*:					
	Last	First	Middle	Maiden	
If requesting	g to mail trans	cript to self, p	lease provide yo	our address:	
Street Address City		Sta	ate Zip		
Best Contac	ct Number:		Email Ad	ddress:	_
Signature:			Date:		
Number of	Copies reque	ested:			
Will you	□ Pick up transcript(s) □ Have someone (family member or friend) pick up transcript(s) Name of person picking up transcript: □ Print Name (ID required at time of pick up) □ Have transcript(s) mailed – provide address				
Name of Re	ecipient				
Street Addr	ess City	y	State	Zip	
Name of Re	ecipient				
treet Address City		y	State	Zip	
Mail to:	Transcript Pro PO BOX 100 Beaumont, T)43	Don't forget a copy of photo identification to process request.		
			Requests can also be emailed to transcripts@lit.edu or hand delivered to Eagles' Nest Room 123.		