



University of Louisville

Office of the Registrar

Official Transcript Request Form

Processing time is three business days.

(If you know your six (6) digit PIN or ULink password you can order online at www.louisville.edu/student/services/registrar/services.htm)

Social Security # or Student ID #

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name		
Address		Apt./Lot#
City	State	Zip

Prior Last Name _____

Signature _____ Date _____

Number of Copies Check here if you attended before 1982 Fall
 Check here if first transcript after degree awarded.

Hold my transcript for:

Degree Current Semester Grades

Mail Transcripts to:

Name & Dept.
Institution/Organization
Address
City State Zip

Name & Dept.
Institution/Organization
Address
City State Zip

Birth date: ___/___/___

Daytime Phone: (____) _____

Complete this form, print it, and mail it along with \$7.00 (check or Money Order for each transcript) **to:**
 Office of the Registrar
 University of Louisville
 Louisville, KY 40292
 Fax: (502)852-7088