The Graduate Programs

Transcript Request

To the Applicant

Two transcript request forms are included in this application packet. If you attended more than two college or universities—undergraduate or graduate—make photocopies of this form so that you can send one to each institution you attended. Many institutions charge a fee for official transcripts. To avoid delays, check each institution's policy in advance.

Send this form, a self-addressed return envelope and any required fee to each institution you attended.

Name		
Name	FIRST	MI
Mailing Address		
· ·	NUMBER AND STREET	
CITY	STATE AND COUNTRY	ZIP/POSTAL CODE
Social Security Number		
Name of institution attended		
Dates of enrollment: From	To	
Dates of enrollment: From	MONTH/YEAR	MONTH/YEAR
Former and/or other name(s) while attending t	his institution	
I hereby authorize the release of my transcript	to Loyola College in Maryland.	
Signature	Dat	e

To the Registrar

The person submitting this form is applying to the Graduate Programs in Pastoral Counseling or Spiritual and Pastoral Care at Loyola College in Maryland. The Office of Graduate Admission at Loyola requests that you attach a copy of the applicant's official academic record to this form and insert the materials into the envelope provided by the student or an envelope used for official correspondence. Seal the envelope and **sign across the flap** to ensure confidentiality. Return the sealed envelope to the applicant or mail directly to the Office of Graduate Admission at Loyola College in Maryland, 4501 North Charles Street, Baltimore, MD 21210-2699. Thank you for your assistance.