



LA ROCHE
COLLEGE

Office of the Registrar
TRANSCRIPT REQUEST INSTRUCTIONS

Transcript requests are normally processed in **3-5** business days from receipt of request.

For complete instructions on how to process a transcript request, you may listen to a recording by phoning **412-536-1076**.

The following situations will prevent transcript release:

- A financial hold, library hold, or any other business office obligation
- No signature on your request
- Insufficient, inaccurate, or illegible identification information
- Improper payment information.

The fee for transcripts is **\$5.00** each. Payment may be made by any major credit card, cash, check or money order (payable to **La Roche College**).

1. **To use a fax to submit your request:** Print the form on the next page and complete all applicable/required fields including your signature and fax to: **412-536-1075**. For security purposes, *do not include your Social Security number or credit card information if faxing your transcript request*. Credit card and social security information **MUST** be given verbally by phoning the Registrar's Office at 412-536-1083 or 1080.
2. **To use the US postal service to submit your request:** Print the form on the next page and complete all applicable/required fields including your signature and mail to:

La Roche College
Registrar's Office CC224
Transcript Request
9000 Babcock Blvd.
Pittsburgh PA 15237

3. **To use email to submit your request:** Print the form on the next page and complete all applicable/required fields including your signature. For security purposes, *do not include your Social Security number or credit card information if emailing your transcript request*. Credit card and social security information **MUST** be given verbally by phoning the Registrar's Office at 412-536-1083 or 1080. **SCAN** this form and send to transcripts@laroche.edu.

If you have any questions, please call the registrar's office at 412-536-1080 or 1083

For Office Use Only

Student ID#: _____ Student Last Name: _____

Payment Method: _____ Amount: _____ Date Request Complete: _____

LA ROCHE COLLEGE TRANSCRIPT REQUEST FORM

Please Print All Information

Last Name (as it was when you attended La Roche): _____

First Name & Middle Initial: _____

Street Address: _____

City, State, Zip Code: _____

Country: _____

Daytime Phone Number: _____ SS# _____

(Include only if using form in person)

I am a currently enrolled student: Yes _____ Hold for semester grades? Yes _____ No _____

Reason Transcript is needed: Transfer to another college Scholarship Application Employment
 Personal Use Other _____

I attended La Roche College as an Undergraduate student from _____ to _____
(year) (year)

and/or a Graduate student from _____ to _____
(year) (year)

Payment (\$5.00 per transcript) will be via: Cash _____ Credit Card _____ Check/Money Order _____

Number of undergraduate transcripts requested _____ Number of Graduate transcripts requested _____

Hold transcript for pickup: Y _____ or

Mail transcript/s to *(For additional recipients, a blank sheet of paper can be used and attached):*

1. Recipient: _____

Institution: _____

Address: _____

City, State, Zip Code: _____

Country: _____

2. Recipient: _____

Institution: _____

Address: _____

City, State, Zip Code: _____

Country: _____

Requestor's Signature: _____ Date: _____

(Signature Required to process transcript request)