

Lourdes Institute of
Wholistic Studies
1600 Haddon Avenue
Camden, NJ 08103
www.LourdesInstitute.org

**TRANSCRIPT
REQUEST
FORM**

Lourdes Institute
Registration Office
(856) 580-6444
Fax (856) 580-6448

Instructions:

- Please print clearly with pen. Complete all items.** Use a separate form for each addressee. Submit this form to LIWS Registration Office.
- Submit fee payment** of \$10.00 per recipient address to the Registration Office. Make check payable to: ***Lourdes Institute of Wholistic Studies***. Transcript requests cannot be honored for a student whose financial obligation to the institute has not been satisfied. Transcript requests will be processed after fee has been received.
- Print student's information** in the box to the **RIGHT**.
Print clearly. The student's transcript will be sent to the indicated address, and a complimentary copy to the student for their records. →→→
- Print student's social security number: _____ - _____ - _____
- List maiden names or other names used at Lourdes Institute:**
It is the student's responsibility to notify the recipient of the transcript of the name under which the transcript was recorded. _____
- Please sign and date:**
I request that an official transcript(s) be sent to the address listed to the RIGHT:

Student Signature _____

Date _____
- Please print in the box to the RIGHT the exact name and address where the official transcript is to be mailed.** →→→→→→→→→→→→→→→
- ____ **Please check** if you are submitting a transcript to the FSMT for the **MBLEX application.**

Student's Name	_____	_____	_____	_____
	LAST	FIRST	MIDDLE	
Address:	_____			
City:	_____	State:	_____	Zip: _____
Telephone:	_____			
Email Address:	_____			

RECIPIENT OF TRANSCRIPT:				
Recipient's Name:	_____			
Address:	_____			

City:	_____	State:	_____	Zip: _____
Telephone:	_____			
Email Address:	_____			
Attn:	_____			

<u>INSTITUTE OFFICE USE ONLY</u>	
Date received: _____	Amt. Received: _____
Date mailed: _____	Payment Form: _____